MARGIN RESERVED FOR BINDING

PLEASE

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09600

#### CERTIFICATE OF DEATH

Rev. Dist. No.

CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: Glegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. Of outside city or town lights, write RURAL and give negrest town)	State Hary and County Ulliany.
How long in above place of death? Hospital, institution, or street address where death occurred:	City or town (If outside eity or town limits, write RURAL approprie nearest (swa)  Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Am. St. Beeman	3. (b) Social Security Number 216-07-279
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH 7 19.47 19.47 19.47
8.(b) Name of bushend or wife Melariana Salisbanka Belman  6.(c) If alive, give age years	121 I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) and -11, 1873	and that I lest sawn a AA alive on 19.7.
8. AGE: Years Months Days If less than one day hrs. min.	Immediate cause of Josth  Outfloods unth
9. Birthplace ( Jaconing Ale ganny Cox And	Due to
10. Usual occupation Dean Brainses Cetices	Due to
11. Industry or business  12. Name JERNSY BESNAU  13. Birthplace & MANNE MANNE	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Charlatty Dyc 15. Birthplace Lynaching Charleston	Major findings of operations
16. Informant My Jan	Antopsy results
17. Build compation or removal, Which?)  18. (Buried compation or removal, Which?)  19. (month) (day) (year)	Accident, suicide, or homicide
(Burlal, cremation, or removal. Which?)  Cemetery or crematory  (Burlal, cremation, or removal. Which?)  (Complete or crematory  (Complete or cremator	Where did injury occur? (City or town) (County) (State)
Location Land and a wing, and	Injured at home, farm, industry, public place (where?)
18. Funeral director. M. Gachard	Mesns of Injury Injured at work?
Address Goriagning Mid	23. SIGNATURE DELL Eugene Dryge, M. D.
19. Nov 19 19.47 Januellem God Registrar	Address Lonoconing Put Date signed 11/17/4.

DEC 2 1947

PLEASE

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

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1. PLACE OF DEATH:  County Control of Contro		
Sile County Coun		2. USUAL RESIDENCE (HOME) OF DECEASED:
Now long in boote place of death. A great place with the control of the control o	7 1 411	
tite long in above place of death 1. A and deep nearwort cought (Steptial, Intitution or steptial derivation or steptial or institution?  Street No. S. Color or steptial derivation or steptial or institution?  3. (a) FULL NAME  3. (b) Social Security Number  3. (c) Social Security Number  3. (c) Fund or wite  4. Set S. Color or pace S. (c) Single, married, referred, or directed  5. Color or pace S. (c) Single, married, referred, or directed  5. Color or pace S. (c) Single, married, referred, or directed  5. Color or pace S. (c) Single, married, referred, or directed  5. Color or pace S. (c) Single, married, referred, or directed  6. (c) Halle, give age S. O. Parts  6. (d) Halle, give age S. O. Parts  6. (e) Halle, give age S. O. Parts  6. (f) Halle, give age S. O. Parts  7. (f) Halle, give age states a should be charged the give age states a should be charged statistically.  7. (f) Halle, give age states a should be charged statistically.  8. AGE: Tanne  6. (f) Halle, give age S. O. Parts  7. (f) Halle, give age S. O. Parts  8. AGE: Tanne  9. Birthplace  10. Include graph and S. (f) Give age S. O. Parts  11. Industry or business  6. (f) Halle, give age S. O. Parts  12. (f) Halle, give age S. O. Parts  13. (g) Halle, give age S. O. Parts  14. Malden name  15. (g) Barts o	(If overside city or town limits, write BURAL and give nearest town)	7-11-1
Site in about the internal properties of the pro	How long in above place of death?	(If outside city or town limits, write AURAL and give nearest town)
Some long in hospital or institulian?  3. (c) FULL NAME  3. (d) FULL NAME  3. (b) Social Security Number  BLACK  BLOW or gaze  5. Coly or gaze  6. (c) Single, marriet, widewed, or directed  BLOW of the state above stated; that I alterded deceased from the state above states; that I alterded deceased from the state above states; that I alterded deceased from the state above states; that I alterded deceased from the state above states; that I alterded deceased from the state above states; that I alterded deceased from the state above states; that I alterded deceased from the state above states; that I alterded deceased from the state above states; that I alterded deceased from the state above states; that I alterded deceased from the state above states; that I alterded deceased from the state ab	10 a dy 10 a a 11.//	The state of the s
4. Set S. Colly or pace S. (c) Single, married, widowed, or divorced  Second Second Single, married, widowed, or divorced  Second Second Single, married, widowed, or divorced  MEDICAL CERTIFICATION  26. DATE OF DEATH Second Single, that I altended deceased from Second Single, that I altende	How long in hospital or institution?	
S. (b) Name of husband or wite	3. (a) FULL NAME	3. (b) Social Security Number
S. (b) Name of husband or wite	Ma Besse Un	n Bender
S. (b) Name of husband or wite.  S. (c) If alive, give age 5 years 8. AGE: Years Months Days If less than one day 13. He becaused (mo. day, 7:)  Becaused (mo. day, 7:)  S. Birthdate of deceased (mo. day, 7:)  S. AGE: Years Months Days If less than one day 11. Duration Mail of lower of the date above stated; that I attended deceased from 12. He because of (mo. day, 7:)  S. Birthdate of the date above stated; that I attended deceased from 12. He because of (mo. day, 7:)  S. Birthdate of the date above stated; that I attended deceased from 12. He because of (mo. day, 7:)  S. AGE: Years Months Days If less than one day 13. He because of death 15. Duration Mail of the date above stated; that I attended deceased from 12. He because of the date above stated; that I attended deceased from 12. He because of the date above stated; that I attended deceased from 12. He because of the date above stated; that I attended deceased from 12. He because of the date above stated; that I attended deceased from 12. He because of the date above stated; that I attended deceased from 12. He because of the date above stated; that I attended deceased from 12. He because of the date above stated; that I attended deceased from 12. He because of the date above stated; that I attended deceased from 12. He because of the date above stated; that I attended deceased from 12. He because of the date above stated; that I attended deceased from 12. He because of the date above stated, the date above stated in the date above stated, the date above stated in the date above stated, the date above sta	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
8. Go! Haller, give age 5 years  18. AGE: Years Months Days If less than one day  9. Birthplace (Town, county, and state)  10. Usual occupation.  11. Industry or business  11. Industry or business  12. Name Dither conditions  13. Birthplace (Include pregnancy within 3 months of death)  Major findings of operations.  14. Address Dote thereof (mpnth) (May) (year)  Cemetery or overlatory  Location Date of the conset to which death should be charged statistically.  18. Funeral director.  19. Funeral director.  Address Dote of county (Maych)  19. Funeral director.  M. D. or other	Finale White marriedy	20. DATE OF DEATH Rosember 12 1947 at 8P. M
7. Birth date of deceased (mo. day, yr.)  8. AGE: Years Months Days If less than one day  9. Birthplace Duration Duratio	8 (b) Name of husband or wife Bruce Bender	
18. AGE: Vears Months  8. AGE: Vears Months  9. Birthplace  10. Usual occupation.  11. Industry or business  11. Industry or business  12. Rame of the conditions  13. Birthplace  14. Maiden name  15. Birthplace  16. Informant  Address  16. Informant  17. Company (County)  18. Funeral director  Address  20. Vears  18. Funeral director  Address  21. Rame of death  18. Funeral director  Address  22. Violence: It death was due to external causes, till in the following:  18. Funeral director  Address  23. Signature: It death was due to external causes, till in the following:  18. Funeral director  Address  Address  23. Signature: Injured at work?	5 O	may 24 19 44 10 Trovember 12 19 47
8. AGE: Years Months Days If less than one day  9. Birthplace (Town, county, and state)  10. Usual occupation Due to Due	7. Birth date of	and that Tast saw h. Ct. alive on Trace Te 1841.
9. Birthplace (Town, county, and state)  10. Usual occupation (Town, county, and state)  11. Industry or business  12. Name (Include pregnancy within 3 months of death)  13. Birthplace (Include pregnancy within 3 months of death)  14. Malden name (Include pregnancy within 3 months of death)  15. Informant (Include pregnancy within 3 months of death)  16. Informant (Include pregnancy within 3 months of death)  17. Actions of perations (Include pregnancy within 3 months of death)  18. Birthplace (Include pregnancy within 3 months of death)  19. Actions of perations (Include pregnancy within 3 months of death)  19. Actions of perations (Include pregnancy within 3 months of death)  20. VIOLENCE: It death was due to external causes, till in the following: (Burial, cremation, or removal, Wigeh?)  10. Usual occupation (Include pregnancy within 3 months of death)  21. Actions of perations (Include pregnancy within 3 months of death)  22. VIOLENCE: It death was due to external causes, till in the following: (Burial, cremation, or removal, Wigeh?)  22. VIOLENCE: It death was due to external causes, till in the following: (County) (State)  10. Usual occupation (Include pregnancy within 3 months of death)  22. VIOLENCE: It death was due to external causes, till in the following: (Burial, cremation, or removal, Wigeh?)  23. SIGNATURE (Include pregnancy within 3 months of death)  24. Actions (Include pregnancy within 3 months of death)  25. Actions (Include pregnancy within 3 months of death)  26. Actions (Include pregnancy within 3 months of death)  27. Actions (Include pregnancy within 3 months of death)  28. Birthplace (Include pregnancy within 3 months of death)  29. Actions (Include pregnancy within 3 months of death)  20. Actions (Include pregnancy within 3 months of death)  21. Actions (Include pregnancy within 3 months of death)  22. VIOLENCE: It death was due to external causes, till in the following: (Burial, creation)  20. Actions (Include pregnancy within 3 months of death)  21. Actions (Include pregnancy within		
10. Usual occupation.   Oue to.   Oue to.   Oue to.   Oue to.   Oue to.   Oue to.   Other conditions   Oth	59 8// 8min.	Caronoma y recum: 12 ys:
10. Usual occupation.   Oue to.   Oue to.   Oue to.   Oue to.   Oue to.   Oue to.   Other conditions   Oth	The the Contract of the	. Buo to
12. Name  13. Birthplace  14. Maiden name  15. Informant  Address  17. Cemetery or erematory  18. Funeral director  Address  19. Location  Address  19. Location  Address  10. Location  Address  11. Location  Address  12. Name  Other conditions  (Include pregnancy within 3 months of death)  Major findings of operations  Major findings of operations  Actopsy reselts  PHYSICIAN: Please coderline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, till in the following:  Accident, suicide, or homicide.  Oate of (County) (State)  Injured at home, farm, industry, public place (where?)  Masans of injury  Address  M. D. or other	(Town, county, and state)	- VUC 10.
12. Name	1B. Usual occupation.	Oue to
(Include pregnancy within 3 months of death)  14. Maiden name		
(Include pregnancy within 3 months of death)  14. Maiden name	12. Name fact fy C fengue	Other conditions
14. Major findings of operations.  15. Informant  Address  Actopsy resolts.  PHYSICIAN: Please coderline the caose to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, till in the following:  Accident, suicide, or homicide.  Cemetery or erematory  Location  Location  B. Funeral director  Address  23. SIGNATURE  Maior findings of operations.  Date of op.  Actopsy resolts.  PHYSICIAN: Please coderline the caose to which death should be charged statistically.  Actions, resolts.  PHYSICIAN: Please coderline the caose to which death should be charged statistically.  Actions, resolts.  PHYSICIAN: Please coderline the caose to which death should be charged statistically.  Actions, resolts.  PHYSICIAN: Please coderline the caose to which death should be charged statistically.  Actions, resolts.  PHYSICIAN: Please coderline the caose to which death should be charged statistically.  Actions, resolts.  PHYSICIAN: Please coderline the caose to which death should be charged statistically.  Actions, resolts.  PHYSICIAN: Please coderline the caose to which death should be charged statistically.  Actions, resolts.  PHYSICIAN: Please coderline the caose to which death should be charged statistically.  Actions of the constant of the caose to which death should be charged statistically.  Actions, resolution, resolution, resolution of the caose to which death should be charged statistically.  Actions of the caose to which death should be charged statistically.  Actions of the caose to which death should be charged statistically.  Actions of the caose to which death should be charged statistically.  Actions of the caose to which death should be charged statistically.  Actions of the caose to which death should be charged statistically.  Actions of the caose to which death should be charged statistically.  Actions of the caose to which death should be charged statistically.  Actions of the caose to which death should be charged statistically.  Action of the caose to which death should b	13. Birthplace Janelle 60. Brox.	(Include pregnancy within 3 months of death)
M. Birthplace    Date of op.	E 14. Malden name.	Major findings of operations.
Address  PHYSICIAN: Please ooderline the caose to which death abould be charged statistically.  22. VIOLENCE: It death was due to external causes, till in the following:  Accident, suicide, or homicide	1. Birthplace Sangle 60. nd.	
Address  Date thereof (mpnth) (aday) (year)  Cemetery or erematory  Location Injured at home, farm, Industry, public place (where?)  Means of Injury  Many County  Many County  Many County  Many County  Means of Injury  M. D. or other	16. Informant Marshall yellergie	
Cemetery or crematory  Location  1B. Funeral director  Address  Date thereof. (mpnth) (day) (year)  (mpnth) (day) (year)  Where did Injury occur? (City or town) (County) (State)  Injured at home. farm, Industry, public place (where?)  Means of Injury  Injured at work?  23. SIGNATURE  M. D. or other	Address O.L. Nod Locucian ha	
(Burial, cremation, or removal, Wbrch?)  Cemetery or crematory  Location  Location  1B. Funeral director  Address  Address  (City or town)  (City or town)  (City or town)  (County)  (County)  (State)  Injured at home. farm, Industry, public place (where?)  Means of Injury  Injured at work?  23. SIGNATURE  M. D. or other	17 Bus a Date thereof 21 cm - 4 57/1447	
Injured at home. farm, Industry, public place (where?)  Means of Injury  Injured at work?  Means of Injury  Injured at work?  23. SIGNATURE  M. D. or other	(Burial, cremation, or removal, Which?) (month) (day) (year)	
18. Funeral director	Cemetery or crematory	(City or towy) (County) (State)
Address 23. SIGNATURE 24	Location Location	
M. D. or other	18. Funeral director	Means of Injury Injured at work?
M. D. or other	Address Forstling mid.	240 Dill m 1.
(Date rec'd by registrar)  Address / Asthung / Mai Date signed 11/14/47	11-14 4) had Dauke XI Ran	M. D. or other
	(Date rec'd by registrar)	Address trestung, MA' Date signed "1/14/47.

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# 2411 N. Charles St., Baltimore

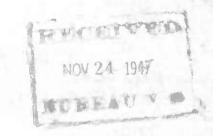
Dr Ribl.

	2411 N. Charles	St., Baltimore	46d	09603	1
/	ERTIFICAT	E OF DEATH		Reg. Dist. No.	<b>E</b>
County	rive nearest town)	Street No	c residence of mother)  County  or town limits, write  (If rural, give LOCAT	Ollegar RURAL and give nearest	t telen)
3. (a) FULL NAME Cleaber Clip	ford B	ennett	3. (	b) Social Security Nu	mber
1. Sex 5. Color or race 6.(a) Single, married frie	oved, or divorced		vember	FICATION 19 47 at	12:30
S.(b) Name of husband or wife	nnett	21. I CERTIFY that death occurred	19 46	10 nov. 19	19.47
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less the graph of the gr	1867 an one day .hrs	and that I last saw h A A ally Immediate cause of death			OURATION
9. Birthplace (Town, county, and state)  10. Usual occupation	n loo	Due to			
E 12. Name Charles Bennett  13. Birthplace Maryland		Other conditions (Include pregn			
14. Maiden name		Major findings of operations			
16. Informant Mrs. Comma Sur	79	Autopsy results	the cause to which dea	th should be charged stat	istically.
17. (Burial, cremation, or remova) Which?)  Date thereof. (a.t., (mo	22 1947 nth) (day) (year)	22. VIOLENCE: If death was du Accident, suicide, or homicide Where did injury occur?(		Date of	State)
Location Schlart Ma	U. F	Injured at home, farm, Industry, p			
Address Thosthung M	V. 11P.	23. SIGNATURE 24.	2. Die	W. S.	) ,
19. 1 - 2 1 19.4 7 Miles Mail	CY N. NE Registrar	Address Inostle	mg. M	M. D. or o	

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9-45-15M



WRITE

PLEASE

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

469

## CERTIFICATE OF DEATH

U90U3
Reg. Dint. No. 2

1. PLACE OF DEATH:  County  City or fown Mile County (If outside city or town limits, write RURAD and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred;	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME LESSIE Alletta Boo	deu 3. (b) Social Security Number
4. Sex 36 5. Coior grace 6.(a) Single, married, widowed, or divorced married	MEDICAL CERTIFICATION  20. DATE OF DEATH 194-7 21 1/ Q
6,(b) Name of husband or wife M. 7. Boden  6.(c) If alive, give age 7.6 years	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Sefet. 7, 1876  8. AGE: Years Month Days If less than one day	Immediate cause of death DURATION
9. Birthplace Fult (Town, county, and atage)	Due to Careinama O The 7 mas
10. Usual occupation Hause wife	Due to.
11. Industry or business Con Angel  12. Name Septen B. Smith  13. Birthplact Bestord Con Can	Dther conditions
14. Malden name Etizabeth a Smith	(Include pregnancy within 3 months of death)  Major findings of operations
16. informant The Belleville	Antupsy results
Address Address Delection of remayal/Which?)  Address	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cemetery or crematory Christian Cematery	Where did injury occur?
18. Funeral director Ephraim Smith	Means of Injury Injured at work?
19. Mars: 5 19.47 Mine L. Benser.  Registrar	23. SIGNATURE (1. Watson, M.D. or other) M. D. or other



PLEASE

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

altimore

#### CERTIFICATE OF DEATH

096040

1. PLACE OF DEATH: County Ollegany City or town	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For Tewborn infants five residence of mother)  State   County Coun
(If outside city or town limits, write kURAL and give learest town)	City or town
How long in above place of death?	
Bald Knot-	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Lawrence Braile	3. (b) Social Security Number
Andle finite Single married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE DF DEATH. SINT 28 19.47. at 145 P. M.
6.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Pray 13 1859	and that I last saw home alive on 2 25 19 4.7
8. AGE: Years Months Days If less that one day  8. AGE: Hong Months Days If less that one day  8. AGE: Hong Months Days If less that one day  8. AGE: Hong Months Days If less that one day	Elmi monde 24
9. Birthplace (Town, county, and state)	Due to Chan athriba
1D. Usual occupation	Due to
11. Industry or business  12. Name Ourgustus Brasler	Dther conditions.
12. Name disgusties Brasles  13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name Cechia Ludgan.	v.
14. Malden name. Colorlan Swagen.  15. Birthplace	Major findings of operations
16 Internant Price Rose Brailty	Autonay results.
Address and Sarages and	PHYStCIAN: Please underline the caose to which death should be charged statistically.
2 10 100 1 47	22. VIOLENCE: It death was due to external causes, till in the following:
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Mr. Agrags f ma	injured at home, tarm, industry, public place (where?)
18. Funeral director. Loveled Story Luc	Mesns of Injury Injured at work?
Address Curlesland ond.	23 SIGNATURE H. Clan & Run
19. How 29 1947 Venne M. Venne M. Venne Registrar	Address Charles Ma Date signed Arr 2945

No F. A. g. Shurrey



PLEASE WRITE

correct age

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1. PLACE OF DEATH:  County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
Regard Cumberland Md. Ancelle Md. (If outside city or town limits, write RURAL and give nearest town)	state	
How long in above place of death?	City or town it that City or town limits, write RURAL and give near	
Celanese Corp. Of Am.	Street No	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security	Number
Harry W. Bramble Jr.		
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male white married	20, DATE OF DEATH	.al.625A.
6,(b) Name of husband or wife Nine Ours Bramble	21. I CERTIFY that death occurred on the date above stated: that I attended dece	
7. Birth date of Dog 3.3. 3.03.3	rears and that I last saw hi.maliDead	
deceased (mo., day, yr.) DeC. 11, 1911	Immediate cause of death	
8. AGE: Years Months Days If less than one day	Rheumatic endocarditis	
35 11 23hrs.	min.	1 year
9. Birthplace Cumberland Md (Town, county, and atate)	Due to	
1D. Usual occupation Spinner	Due to	************************
11. Industry or business Celanese Corp.	Due 10	•
	Other conditions.	
12. Name Luther S. Bramble 13. Birthplace Cumberland, Md.		
	(Include pregnancy within 3 months of death)	
14. Maiden name Hattie Wadsworth 15. Birthplace Berlin, Penna.	Major findings of operations	
16 Informant Mrs. Nine Bramble		
	PHYSICIAN: Please underline the cause to which death should be charged	statistically.
Address R.D.#4 Cumberland, Md.	22. VIOLENCE: If death was due to external causes, till in the following;	
Burial (Burisl, cremation, or removal. Which?)  Bate thereof Nov. 26, 1947 (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Mt. Herman Cem.	Whers did injury occur?	(State)
Location Near Cumberland, Md.	Injured at home, farm, industry, public place (where?)	***********
19. Funeral director. Charles L. George	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	gany Co.
Address Cumberland May		•
DA DATE +	23. SIGNATUREH . V. Deming M. D. H. C.	
19. Date rec'd by registrar) 19. 4.7. Regis		

DEC 1 1947

WRITE

PLEASE

MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

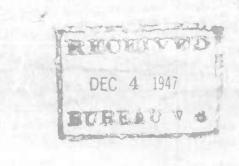
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## 09606

#### CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
countyAllegany		
City or fown rural Route2	State Md. County Allegany County and and	
How long in above place of death?	City or town (rural) Route 2 Cumberland (If outside city or town limits, write RURAL and give near	rest town)
Hospital, Institution, or street address where death occurred:	Street No.Williams Rd.near Twiggtown	Md.
Mar Jeving your, Maryland	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security 1	Number
Man Towns Christine Dies Brown	Tone-	
Mrs. Taura Christine Rice Brown 4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		0 7.50
Female white widow	2D, DATE OF DEATH	
6.(b) Name of husband or wife alongo Grown	21. I CERTIFY that death occurred on the date above stated; that I attended decea	
S.(c) If alive, give ageyears	and that I last saw h. erail@ad Nov. 28	
7. Birth date of deceased (mo., day, yr.)		
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death	at once
71 2 8hrsmln.	Coronary occuration	a c once
Combe land Olleganila. Wild	Due to arteriosclerosis	***************************************
9. Birthplace (Town, county, and state)	DUE 10 NOT does not	
10. Usual occupation ouseful	Due to	5
11. Industry or business at home	BUC 10	
12. Name John Acce 213. Birthplace Oumfer and 2nd	Other conditions hypertention	
13. Birthplace Coumfel and ma	(Include pregnancy within 3 months of death)	
# 14. Maiden name		
14. Maiden name	Major findings of operations.	
	Date of op	
16. Informant Mrs. Caymond Brown	Antopsy results	statisticalty.
Address Rt. 2. Gumberland me	22. VIOLENCE: If death was due to external causes, fill in the following;	
17 Burial Date thereof Dec. 2, 1947	Accident, suicide, or homicide	
(Burlal, cremation, or removal. Which?) (month) (dat) (year)	Accident, outside of figures and	
Cemetery or crematory. It is the employee	Where did injury occur?	
Location was sumberland	Injured at home, farm, Industry, public place (where?)	
Oal Kala	Means of Injury  Deputy Medical Examiner - Alleg	TANY DA
18. Funeral director.		3 (
Address Cumberland file	23. SIGNATUREL V. Deming H.D. H.V.D	my M.A.
Alex 2 49 There of Bender		3/
19. (Date rec'd by registrar) Registrar	Address Cumberland Md. Date signed.	PL=28-47



correct age

MARGIN RESERVED FOR BINDING

LAINLY, WITH UNF especially important.

PLEASE

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

County Allegany				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  StateMd.e		
City or town						
		City or townCumberland.	ts, write RURAL and give nea	rest town)		
Hospital, Institution, or	r street address where i	death occurre	ed:	Street No. 711 Louisana		
		A. I.	R.R.		ve LOCATION)	
How long in hospital o	or Institution?		***************************************	2.(a) If veteran, name war		
3. (a) FULL NAM	E				3. (b) Social Security	Number
	Hugh G. Br	vant		The second second	705-07-9700	
4. Sex	Hugh G. BI	6.(a)Sing	ie, married, widowed, or divorced	MEDICAL C	CERTIFICATION	
male	white	m	arried	20, DATE OF DEATH NOV. 21	17	. 3.4AD.
6.(6) Name of husband	or wifeBerth	a Che	snire	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19		
			(c) If allve, give ageyears	and that I last saw h. im. Dead. N.	ov. 21	10 VLT
7. Birth date of deceased (mo., day,	yr.) Marc	h 30.	1887	Immediate cause of death		DURATION
8. AGE: Year		Days	If less than one day	Exsanguination		
60	7	21	hrsmin.	LIABNANIA (m) YA MARATTI NI MININTA		
	wage Virg	inie			Due to Body severed through chest	
9. BirthplaceSavage, Virginia (Town county, and state)  10. Usual occupation				right arm severed at shoulder  Due to ran over by R.Ry engine		
			or			
11 Industry or busine	ss B& o R	.R.		ULE 10		
				Other conditions Fractured n	ose fingers	
12. Nam Cristopher C. Bryant Virginia						
			Inson	on left hand lacerated (Include pregnancy within 3 months of death)		
post 1			LIISOII	Major findings of operations		
🗵 15. Birthplace	Vir	ginia		Date of op.		
16. Informant Mr	s Hugh G.	Bryant		Autopsy results		
Address	Cumberlan			PHYSICIAN: Please underline the cause to		statistically.
			N 0/ 30/0	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation	n, or removal. Which?	Date the	ereof Nov 24 1947 (month) (day) (year)	Accident, suicide, or homicide	dent Date of L.	1-21-47
			Burial Park	Where die Injury occurs Cumberl	and Allegany	Md.
Location Cumberland, Md.		East bound yards	(where?) B&O R. RV.	•		
1000000				Means of Injury Ran over by		
18. Funeral director	Louis Ste	in, I	nc.	Deputy medical Exa	miner - Alleg	any Uq.
Address	umberland,	Md.		23. SIGNATURE H. V. DemingM	D. H.UDan	24.2
19. May 24 19 47 lup. traut M. D. (Date rec'd by registrar) Registrar			A. Tranto MA	23. SIGNATURE LL. V. A. L. SALLE LINE	М, D.	of the same of the
			Registrar	AddressCumberland Nd.		11-21-47

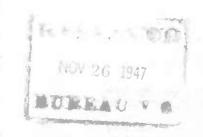
DEC 3 1947

#### MARYLAND STATE DEPARTMENT OF HEALTH

#### CERTIFICATE OF DEATH

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t	4	0	Y	103

Cutside City <b>ä</b> Lin	44 _	CPARTMENT OF HEALTH	09.608
Try at	CERTIFICAT	TE OF DEATH	Reg. Dist. No.
on carefully. Tre car	1. PLACE OF DEATH:  County	City or lown Cumberland (If outside city or town limits	write RURAL and give nearest town)
information of death clear	3. (a) FULL NAME		3. (b) Social Security Number
for f d	Elizabeth Alice Buckley		None
INDING item of in	4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced   Warried		RTIFICATION 20 19.47 12-01Am
FOR B	6.(b) Name of husband or wite Aldon Buckley  6.(c) It alive, give age 58 years  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days It less than one day  52 1 24 hrs. min.		77. 10. 72. 20 19. 47. 20. 19. 42. DURATION
ARGIN RESER FADING INK. Physicians: p	9. Birthplace Brandyville, Preston Co, W.Va.  (Town, county, and state)  House  11. Industry or business  12. Name Camdon Deberry	Due to	
m K	Nest Virginia West Virginia	(Include pregnancy within 3 m	onths of death)
VITH UNI	14. Malden name Anne Vansickle  15. Birthplace West Virginia	Major findings of operations	
	16. Informant Aldon Buckley	Autopsy results	
VLY	Address Rt 4, Box 383, Cumberland, Md.	PHYSICIAN: Please underline the cause to wh	ich death should he charged statistically.
E PLAINLY, is especially	17	Accident, suicide, or homicide	Date of
9.45.15 WRITE	Location Glebe, W. Va.	Injured af home, farm, Industry, public place (wh	ere?)
	18. Funeral director William H. Kight	Means of Injury	Injured at work?
A15	Address Cumberland, Md.	1	10 6 6
VS A	19. Mod 2/ 19. 47. luk trauty M.D. (Date ree'd by registrar) Registrar	23. SIGNATURE. Address J. Brooky	M. D. or other  Date signed 11/20/42



MARGIN RESERVED FOR BINDING

A15 SA

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

.09609

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County	State Todi Gouoty allegany
City or town	2 -11
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution or street address, where death occurred:	Street No. (If rural, give LQCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
John Craze	none
4. Sex 5. Copior or race 6.(a) Single, married, widow, or divorced	MEDICAL CERTIFICATION
m W single	20. DATE DF DEATH. 701 22 19.47 at 807 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	1942 18 17W 22 18th
7. Birth date of deceased (mo., day, yr.) Alle 2 15 1888	and that I last saw beautive on 19.7
8. AGE: Years   Days   If less than one day	Immediate castle of death
59 / 5 7nin.	ST.
s. Birtholace. 40-sla - Pa.	Due to.
9. Birthplace(Town, county, and atate)	
10. Usual occupation	Due to
11. Industry or business unable to work	
12. Name Wm / CRASE  13. Birthplace F-gloud	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
S 15. Birthplace Sangland	Date of op.
16. Informant Sidney Cade	Autopsy results
Address Landon ima.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Buil Date thereof 71 125-194	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?)  Date Ihereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or remeter, allegancy	Where did Injury occur?
Location Grandler & ma	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
Address	(Mam Jan 1 Mh)
II am III Vin	23. SIGNATURE M. D. pr other M. D. pr other
19. 1 — 25 19 K. Mus Adulty Ma Registrar Registrar	Address Bostonia Ma Date signed - 24-4/

NOV 28 1947

MARGIN RESERVED FOR BINDING

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93 D

09610

Reg. Dist. No. .

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Egr newborn infants give residence of mother)
county	(m) 1 /2// 2
City or fown (If atside city or town limits write RURAL and give pearest town)	State State County County
	City or town (17 outstile of to or town limits, write RURAL and give nearest town)
How long in above place of death?	1221 15111
Ranks with Street	Street No.
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Janel Pollock Oreighton	1
4. Sex 5. Color or race 6.(a) Single, married, widowed or ofvorced	MEDICAL CERTIFICATION
House of that Of interned	20. DATE OF DEATH. 2.30 A.M
Temps freder that well to	
6.(b) Name of husband or wife & DUCAL ASLAGENS	(21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	8 = 4 / 19 to 1197/
7. Birth date of	and that I last saw h.C.Xalive on
	Immediate cause uf death
o. Auc.	CONSCIONE ISLAND QUELLE
87 / 8hrsmin.	
9. Birtholace Scottand	Due fo
(Town, county, and state)	
10. Usual occupation	Due to
11. Industry or business Court Lame	
	Other conditions
12. Name 12.	CHIEF CONTINUES
	(Include pregnancy within 3 months of death)
14. Maiden name Scotland	Major findings of operations.
≥ 15. Birthplace Scotland	Dafe of op.
16. Informant Miss John Smith.	Autopsy results. None
Marine Mil	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address pracoving that	22. WOLLNCE: If death was due to external causes, fill in the following:
(Rurial crepation or removal, Which?)  Bate thereof (month) (day) (wear)	Accident, Suicide, or homicide
(Burial, creustion, or removal. Which?)  Date thereof (month) (day) (dear)	
Cemetery or crematory.	Where did injury occur? (City or town) (County) (State)
Location I TAROUNG SREET	Injured at home, farm, Industry, public place (where?)
Nim & istalling	Means of Injury Injured at work?
18, Funeral directo	0100
Address Lonaconing, Fra	23. SIGNATURE Paul Eugene drye M.D.
Tot 4 12 San Attendard	A or other
19. (Date rec'd by registrar) Registrar	Address donacomma Date signed

DEC 2 1947

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefull is especially important. Physicians: please write the causes of death clearly add

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	Hodg.	

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09611

#### CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:  County	City or town.  County o
3. (a) FULL NAME Debonah Ann Davis	3. (b) Social Security Number
4. Sex 5. Color or race 6. (a) Single, married, wildowed, or divorced 5: 79 e	MEDICAL CERTIFICATION  20. DATE DE DEATH
6.(b) Name of husband or wife	Immediate cause of death DURATION
9. Birthplace Cumber and Alegany Ma.  (Town, county, and tate) —  10. Usual occupation Im Fant  11. Industry or business  12. Name Giltroy Davis	Due to
13. Birthplace Cumberland, Md.  14. Maiden name Doris Frisby  15. Birthplace Frostburg, Md.  16. Informant Giltroy Dovis  Address 109 N. Spruce St.	(Include pregnancy within 3 months of death)  Major findings of operations.  Bate of op.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial, cremation, or removal. Which')  Cemetery or crematory. Rose Hill Cemetery  Location. Cumberland, Man. 18. Funeral director.	Where did Injury occur?
19. Nov. 3 18 47 W.R. Tranto M. D. Registra	23. SIGNATURE M. D. or other of a federace Date signed.



PLEASE WRITE PLAINLY, WITH ONF is especially important.

VS.

MARGIN RESERVED FOR BINDING

# MARYLAND STATE DEPARTMENT OF HEALTH 93d

2411 N. Charles St., Baltimore

	-		
1. PLACE OF DEATH: Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	state Maryland county Allegany		
City or town Ellerslie (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death?	City or town HILEYSLIE (If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:			
	Street No. (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) It veteran, name war		
3. (a) FULL NAME	3, (b) Social Security Number		
Charles Emory Diehl			
4. Ssx   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Walte Wanded			
Male   White   Married	20. DATE OF DEATH		
8.(b) Name of husband or wife Jennie Smith	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
Ducember 25, 1873 6.(c) If alive, give age 73 years	gas 19 4 0, 10 11-18- 1941.		
7 Bloth date of	and that I last saw harmon alive on 11-18- 19.47		
deceased (mo., day, yr.) December 25, 1873	Immediais cause of Jeath		
8. AGE: Years   Months   Days   It less than one day	Chrone My cardone 15 year		
73min.	7		
9. Birthplace Bedford Pa RFD #4	Due to		
10. Usuat occupation Prr Hostler	Due to		
11. Industry or business P • R • R •			
單 12. Name John Diehl	Other conditions		
12. Name John Diehl 13. Birthplace Penna.			
	(Include pregnancy within 3 months of death)		
置 14. Malden name Kathryn Whestone	Major fiadiags of operations		
14. Malden name Kathryn Whestone 15. Birthplace Penna.	Date of op.		
18. Informant Bruce Diehl	Autopsy results		
Address Corriganville			
	22. VIOLENCE: It death was due to external causes, till in the tollowing:		
(Burial cremation or removal Which?) (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory. Cove Reformed Cemetery	Where did injury occur?		
tocation Bedford Pa. RFD # 4	Injured at home, farm, industry, public place (where?)		
	Meens of Injury Injured at work?		
18. Funeral director Harvey H. Zeigler	C D C P C C		
Address Hyndman, Pa,	from a Josepher hut		
mercon un Italla	23. SIGNATURE M. D. or other		
19. (Date ree'd by registrar)  (Date ree'd by registrar)	Address Amduran Date signed 1/19/43		



PLEASE WRITE

W	ADVIAND	STATE	DEPARTMENT	OF	HEALTH
IAI	AKTLANU	SIAIL	DEPARTMENT	Ur	REALIE

2411 N. Charles St., Baltimore

830

#### CERTIFICATE OF DEATH

Rog. Diat. No. 6

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State XXXXXXX Md. County Allegany  City or town Westernpert (If outside city or town limits, write RURAL and give nearest town)  Street No. 110 Philes Avenue (If rural, give LOCATION)  2.(a) If veteran, name war.  3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widow	20. DATE OF DEATH Nevember 6 18 47 21 11:00:
6.(b) Name of husband or wife William C. Dyer  6.(c) If alive, give age years  7. Birth date of deceased (mo., day, yr.)  January 28, 1884	21. I CERTUPY that death occurred on the date above stated; that I attended deceased from  19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
8. AGE: Years Months Days If less than one day 63 9 8hrs. min.	Cerebra Haemanhage / h.
9. Birthplace esternpert, Allegany, Maryland (Town, county, and state)  10. Usual occupation Demestic  11. Industry or business  Own home  12. Name John T. Spriggs  13. Birthplace Pennsylvania	Oue to
Harman Augusta L. Ress  14. Maiden name Augusta L. Ress  Cress, W. Va.	(Include pregnancy within 3 months of death)  Major findings of operations.  Oate of op.
16. Informant Mrs William Russell Address Wester npert, Md	Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burial (Burial, cremation, or removal, Which?)  Cemetery or cremafory Philes Cemetery	Accident, suicide, or homicide
Location Restern ert, Md.  18. Funeral director Ellsworth S. Beal	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?
Address Westernport, Md.  18. Market recid by registrar 18 47 Registrar Registrar	23 SIGNATURE J. C. C. STORY M. D. or other M. D. or other M. Date signed M. J.



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

OF DEATH

# Reg. Diat. No.

			CERTIFIC	LAIE OF DEATH	Reg. Diat. No
1. PLACE OF DE	ATH:			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of the contract of the contra	F DECEASED:
CIM	PERLAND			CIAL MADVI AND	
(II c	utside city or town lin		URAL and give nearest town)	ATM/DEDEL AND	
w long in above place	of death?	path occurred	<u> </u>	City or town	, write RURAL and giv
EMORIAL	HOSPITAL	A		Street No329 FERDERICK S	
low long In hospital or	Institution?5 I	DAYS		2.(a) If veleran, name war	
3. (a) FULL NAMI					3. (b) Social Secu
EDMONSO	N, LUCY	NN			Mari
t. Sex	5. Color or race	The same of the same	, married, widowed, or divorced	MEDICAL CE	RTIFICATION
FEMALE	COLORED	MARR	KIED	20. DATE DE DEATH NOVEMBER 19	47
C (b) Home at husband	EDMONSO	N. SAM	WEL	21. I CERTIFY that death occurred on the date abo	
		/	C7 C7	7 - 18r-10 10L	
7. Birth date of			If alive, give age	years and that I last saw h	
8. AGE: Years	i Months	Days I	It less than one day	Immediate cause of death	
6. AGL: 6/	200	0		min. Hayfertune Cit	
		7 70 4			
9. Birthplace.	(Town, c	ounty, and st	4 Success, Va	Due to	
10 House engaging	HOUSEWIFE				
11. Industry or business		8008***************	•••••••••••••••••••••••••••••••••••••••	Due to	
		าน			
	/		***************************************	Dther conditions	
M   13. Birthplace	VIRGINIA	T		(Include pregnancy within 3 m	onths of death)
当 14. Maiden name 15. Birthplace	HADE, MNN	<u>. E</u> .		Major findings of operations	
	VIRGINIA	-			
16. Informant So	nuel Ed.	Mens	07	Antopsy results	*************************************
Address 329	Frederick	54. C	umberland, 1	PHYSICIAN: Please underline the cause to whi	ch death should be char
				22. VIOLENCE: If death was due to external caus	ies, fill in the tollowing:
(Burial, cremation,	or removal. Which?)	pate thereo	(month) (day) (year		
Cemetery or cremator	Suma	er Co	ometery	Where did injury occur?(City or town)	(County)
Location C. us	mbenlan	dom	d	Injured at home, farm, industry, public place (wh	
18. Funeral director	101	Har	les	Means of injury	injured at work?
0/	100	0 /-	7-1 0 0 0	B 30	80
Address Cold	e brillan	My	med f	20 SIGNATURE OC MC	Behan
19. (Date rec'd by reg	202 4/	AL	uler) Tes	al 111h	M.
	ngengel /		Regi	strar Address /	Maja eip

City or town	write RURAL and give nearest town)
Street N329 FERDERICK S'	PREET
(If rural, give L	
2.(a) If veleran, name war	
	3. (b) Social Security Number
	MANG
MEDICAL CEI	RTIFICATION
20. DATE OF DEATH NOVEMBER 19	#7 ,4:20P
21 I CERTIEV that death assured as the date above	stated. that I attached deserved trans
Fal 10 194	7 10 Men ( 9 18 4-
and that I last saw h	- 9
Immediate cause of death	DURATION
Hypertine C, V	7 Xluin Jun,
Due to	
***************************************	
Due to	
Other conditions	
(Include pregnancy within 3 mon	nths of death)
Major findings of operations	
	Bate ot op
Antopsy results	
22. VIOLENCE: If death was due to external causes	s, fill in the tollowing:
Accident, suicide, or homicide	Date ot
Where did injury occur?(City or town)	(County) (State)
Injured at home, farm, industry, public place (when	e?)
Means of injury	injured at work?
20 SIGHATURE Be M.	Rhuiler n

BE MAIN BY THE DIASON PLANT CHAIR WANT . . . . . Range in the land in the land RV 26 1947 ON TO THE REPORT OF THE PROPERTY OF THE PROPER the built will be a second of the second of

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09615

#### CERTIFICATE OF DEATH

eg. Dist. No. 4

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County Cll Q assignment	The second second	1111
(if outside city or town finits, write RUKAL and give nearest town)	State State County Coun	/
How long in above place of death?	City or town	est town)
Hospital, institution, or street address where death occurred:	Street No. West maine St	f
allegary County Ansuma	(If rural, give LOCATION)	
How long in hospital or institution? Ayung 19 Must	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security 1	umber
Scopold Exchan	n	re
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	420 13
Male White Spidowed	20. DATE DE DEATH. 2005. 26 18 47	1705 A.
Comice Lockness Coche	21. I CERTIFY that death occurred on the date above stated; that Lattended decea	eed from
6.(b) Name of husband or wife	1730	0 1947
7. Birth date of 25 (-2 C) If affive, give age years	and that I last saw h 1977 allve on Rear 25	1847
deceased (mo., day, yr.) Oct. 20, 18.62		DURATION
8. AGE: Years   Months   Days   If less than one day	Immedia Cause of death	111.
05 / 6hrsmin.	0.0000	6413.
	0.1.	- 10
9. Birtholace finds thing, Allegany Cut, Me	Due to Oleverake 300 an Treasconox.	12423
(Town, evanty, and state)	<u>U</u>	
10. Usual occupation. To all suff surge of territory	Due to.	
11. Industry or business Own Shop		
1-700	Dither conditions.	
12. Name Magyst Oishlesm  13. Birthplace Sermany	(Include pregnancy within 3 months of death)	
5 Of sudericleal Shaller	(Include pregnancy within 3 months of death)	
14. Maiden name. I I I I I I I I I I I I I I I I I I I	Major findings of operations.	
E 15. Birthplace Sermany		
16 Informant Francisco Respond	Autopsy results	
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged	statistically.
Address The Carelland Tomaconing	22. VIOLENCE: If death was due to external causes, fill in the following:	
17 Burial Date thereof Dov. 28,194	Accident, suicide, or homicide	
(Burial, cremation, or removal. Which?) (month) (day) (year)	Neglectici december of the second sec	
Cemetery or crematory Call Hills Cemetery	Where did injury occur? (City or town) (County)	(State)
Location L- macming and	Injured at home, farm, industry, public place (where?)	
My dichella	Meane of Injury injured at work?	-
18. Funeral director	////////////	
Address Lanaconnia Hod.	lettint. Jaries h.	<b>A</b> .
2 02 x 1/ 1/2 Q 2/2 7 m.	23. SIGNATURE	
(Date rec'd by registrar)  (Registrar)	Address 110 2. Courtre 34. Date signed !	1-28-47

MARGIN RESERVED FOR BINDING

NFADING INK. Supply every item of information carefully. The contr. Physicians: please write the causes of death clearly and legibly.

PLAINLY, is especially

WRITE

PLEASE

DEC 3 1947

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legiply.

WRITE

PLEASE

MARGIN RESERVED FOR BINDING

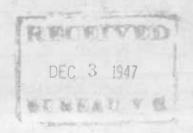
#### MARYLAND STATE DEPARTMENT OF HEALTH

	2411	N.	Cha	riea 2	st., Ba	altimo	e	
CER	TH	FI	CA	TE	OI	F D	EA	TH

. 10	09616
Reg.	Dist. No.

466

	Trog. Disc. 100
1. PLACE OF DEATH: County 1 legany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State. Pennsylvania Couoly Bedford  City or town Hyndman Pa  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)
3.(a) FULL NAME George H. Emerick	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE DF DEATH NO V. 24 19.47 , at 4pm
6.(b) Name of husband or wife Mary Ellen Wilhelm  6.(c) If alive, give age 65  7. Birth date of deceased (mo., day, yr.)  Jan 16 1880	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. 4.0
8. AGE: Years Months Days If less than one day  6. 7 0 8 hrs. min.  9. Birthplace Gladdens Selford County, Runa.  (Town, county, and state)  10. Usual occupation. Farmer	Due to.
12. Name Solomon Emerick 13. Birthplace Pennsylvania	Diher conditions
14. Malden name Mary Ellen Albright  15. Birthplace Pennsylvania	Major findings of operations
16. Informant Russell Emerick Address Hyndman, Pa.	Antopsy results
17. Burial Date thereof. 11/27/47 (Burial, cremation, or removal, Which?)  Cemetery or crematory. Palo Alto	22. VIOLENCE: If death was due to external causes, fill in the following:      Accident, suicide, or homicide
Location Hyndman, Pa.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Harvey H. Zeigler  Address Hyndman, Pa.  19. Mary 26, 19. 47. W.R. Francis, M.S. Registrar	23. SIGNATURE. And a Larger M. D. or other  Address. Date signed. 1//25/66.



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VS A15

WRITE

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1310

#### ICICATE OF DEATH

09617 9

CERTIFIC	ATE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of a state	ny Discourse de Location (1997), write HURAL and Hy nearest town (1997)
Laurence Lee Fel	dmann	3. (b) Social Security Number
Male White Single married, widowed, or divorced	MEDICAL CE	Ly 5 1947 1300 P.
8. AGE: Years Months Days If less than one day  9. Birthplace Chart (Town, county, and viate)  10. Usual occupation	and that I last saw h	47 10 Hov 5 1947
11. Industry or busings    12. Name	Other conditions	
17. Showing the part of the second of the se	Accident, suicide, or homicide	

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NOV 10 1947

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09618

PHYSICIAN

Please underline the cause to which death should be charged statisti-

# CERTIFICATE OF DEATH

CERTIFICAT	Reg. Dist. No	
1. PLACE OF DEATH County County City or town (If outside city or town limits, write RURAL NEAR and give town) Street address, hospital, or institution:  Therefore Thompstal Stay in hospital or Inst. (yrs., or mos., or days) Stay in this community (yrs., or mos., or days)	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For pewhorn infants give residence of mother)  State  County  County  County  City or town  (If outside city or town limits, write RURAL NEAR and give town)  Street No.  (If rural give LOCATION)  2(a) IF VETERAN, NAME WAR	
3.(a) FULL NAME Isabell Fick	3. (b) Social Security Number	er
4. Sex    S. Color or race   6.(a) Single, married, widowed, or divorced	and that I last saw har alive on 19 Immediate cause of death Control Assurable 2  Due to 19  Other conditions (Include pregnancy within 3 months of death)  Major findings:	Out PH1
17. (Burial, cremation, or removal. Which?)  Cemetery or crematory  Location  18. Funeral director. Carnelly Constant Co	22. VIOLENCE: if death was due to external causes, till in the following;  Accident, suicide, or homicide	ate)
Address Million Day	23. SIGNATURE Wom Jane m.	1

19. 11- 8 1947 Nus Mauly Notae

M. D. or other

NOV 10 1947

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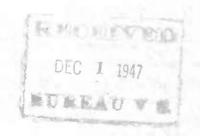
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1370

19619

CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State:  (County County Cou
City or town	City or town
How long in hospital or instilution?	2.(a) If veteran, name war
3. (a) FULL NAME Francis a. Flana	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Male White Widowed	MEDICAL CERTIFICATION  20. DATE OF DEATH. 255 N
6.(b) Name of husband or wite Katherine Slave gun	21. I CERTIFY that death occurred on the date above stated; that I allended deceased from
7. Birth dale of deceased (mo., day, yr.) March 7 1868	and that I last saw h Anni alive on 19.46 DURATION
8. AGE: Years Months Day's If less than one day 18	Sendity
9. Birthplace	Due to Seem System They
11. Industry or business Goal mines	Due 10. ENDAME
11. Industry or Business  12. Name Johns Harrage  13. Birthplage	Other conditions
14. Maiden name Margaret Treal  15. Birthplace Kenteckey	(Include pregnancy within 3 months of death)  Major findings of operations
16. Informant Lourdine Planapant	Autopsy results
Address Trastfurg 1947  Thurial, cremetion, or repoyal. Which?)  Date thereof (month) (asy) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Location Transburge Md	Where did Injury occur?
18. Funeral director	Means of Injury Injured at Works
Address Treating may	23. SIGNATURE WITH Jane 115
19. L 25 19 C) Mus lawy & Registrar	Address Address M. B. Brother  Address Date signed 1 - 27-47



### MARYLAND STATE DEPARTMENT OF HEALTH

s St., Baltimore

Registrar

Address....

09620

GRANT

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) VIRGINIA County

MANGETT TTO

Reg. Dist. No.

Date signed.

County	ALLEGANY			2. USUAL RESIDENCE (For newborn infants
City or townC.U.N	BERLAND.	limits, write R	DAL and give nearest town)	State WEST VII
MEMORI	r street address where	death occurred	•••••	Street No
How long in hospital	r Institution?		***************************************	2.(a) If veteran, name war
	BOY FRANZ			
4. Sex	5. Color or race	6.(a)Single	married, widowed, or divorced	M
MALE	WHITE	Se	ingle	20. DATE OF DEATH
***************************************		6.(6	) If alive, give age	7. and that I last saw h
8. AGE: Year N.B.		Days	If less than one day	Immediate/cause of death
	MORAL A	OSPOT	T. A.A.A	
9. Birthplace Land	MASSELLIA (Town,	, county, and s	and of Some	
9. Birthplace (LAM.  10. Usual occupation.			tate)	Due to.
9. Birthplace (ATA)  10. Usual occupation.  11. Industry or busing:	DWARD O	FRANZ RGINI	1	Due to
9. Birthplace Land  10. Usual occupation.  11. Industry or business  12. Rame	DWARD O	FRANZ RGINI	1	Due to
9. Birthplace Land  10. Usual occupation.  11. Industry or business  12. Rame	DWARD O	FRANZ RGINI	1	Due to
9. Birthplace	DWARD C.	FRANZ RGINIA GINIA HOSP	<u></u>	Due to

(Burial, cremation, or removal, Which?)

Cemetery or crematory

(Date rec'd by registrar)

City or town		
	vitte KOKAL and give hear	est town,
Street No(If rural, give LC	CATION)	/
2.(a) If veteran, name war		
	3. (b) Social Security N	lumber
	None	
MEDICAL CER		
20. DATE OF DEATH NOVEMBER 29	1947 6;2	5 A.M.
With the second	etated: that I attended decor	ad from
21. I SERTIFY that death occurred on the date above	The state of the s	7
	20. 29	4
		19
Immediate cause of death		DURATION
	••••	***************************************
Due to		***************************************
		**************
Due to		***************************************
***************************************		***************************************
Diher conditions		****************
(Include pregnancy within 3 mon	Ab 8 J Ab )	
Majur findings of uperations		
	Date of op	
Autopsy results		tatistically.
22. VIOLENCE: If death was due to external causes	, fill in the following;	
Accident, suicide, or homicide	Date of	
Where did injury occur?		
injured at home, farm, industry, public place (where		
Means of Injury	A Injured at work?	
UND	todge	7
23. SIGNATURE	M, D, or	other

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information care is especially important. Physicians: please write the causes of death clearly MARGIN RESERVED FOR BINDING PLEASE

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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09621

#### CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
City or town Cumberland Md. 107 Blaul Ave.	state Md. County Allegany
(If outside city or town limits, write RURAL and give nearest town)	City or townCumberland
Now long in above place of death? 3 yrs.	
Hospital, Institution, or street address where death occurred: 107 Blaul Avenue	Street No. 10.7 Blaul Ave. (If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Balser Garland	Mane
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH NOT . 24 19.47 at 2 . 30P.M
6.(b) Name of husband or wife. Mahulda Beck	21. I CERTIFY that death occurred on the date above stated; that I aftended deceased from
	19 10
7. Right date of	and that I last saw h im alive Dead Nov. 24 181. 47
deceased (mo., day, yr.) Jan. 6- 2881 1865  8 A.G.F. Years   Months   Days   If less than one day	Immediate cause of death
8. AGE: Years Months Days If less than one day  10 18hrsmin.	Cardiac paralysis at once
9. BirthplaceFulton County, Penns ylvania (Town, county, and spate)	Due to hemiplegia 2 weeks
10. Usual occupation Laborer - Ketirek	Due to
11. Industry or business Western Md. R. R. Co.	
12, Name	Other conditions
12. Name 13. Birthplace	(Include pregnancy within 3 months of death)
5	Major findings of operations
∑ 15. Birthplace	Date of op.
16. informant May Dalsla Laud	Autopsy results
Address 10 7 Bland ave. City	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Burial (Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
(Lawrier) cramming in the control of	
Cemetery or crematory Mt. Tabor Methodist Cem	Where did injury occur? (City or town) (County) (State)
Location Near Cumberland, Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director John J. Hafer	Meens of Injury Deputy Medical Examiner - Allegany Cor
Address Cumberland, Md.	23. SIGNATUREH. V. Deming M.D. A.V.
1 not they	
19, M. J. D. 19 4 7 W. A. D. M. D. Registrar Registrar	Address Cumberland Md. Date signed 11-24-47

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WICH UNFADING INK. Supply every item of information carefully. The cimportant. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, V

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1860

09622

# CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days It less than one day  74 8 5	aed that I last saw has alive on last to last
16. Informant Mrs Sarah Gearhart  Address Park Heights R.F.D.# 6. Cumberland. Mod  11. Burial Date thereof Mov. 18. 19.7  (Burial, eremation, or removal. Which?)  Cemetery or crematory Rose Hill Cemetery  Location Cumberland. Md.  18. Funeral director William H. Kight  Address Cumberland. Md.  19. Mod. 18. Funeral director Rose Hill Cemetery Rose Hilliam H. Right  Address Cumberland. Md.  19. Mod. Registrar	Autopsy results

NOV 26 1947

1/ 4.

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legilly.

PLEASE WRITE

MARGIN RESERVED FOR BINDING

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09623

# CERTIFICATE OF DEATH

es Diet No 4

1. PLACE OF DEATH:  County		2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of State Maryland Country or town. Cumberland (If outside city or town limits Street No.	mother)  aty  Allegany  by write RURAL and give nearest town)	
	Allegany Ho	ospital	(If rural, give	LOCATION)
How long in hospital or institution?		2.(a) If veteran, name war		
3. (a) FULL NA				3. (b) Social Security Number
	Ronald	Edwin Gibson		None
4. Ser Male	5. Color or race White	6.(a)Single, married, widowed, or divorced Single	MEDICAL CI	ertification
B.(b) Name of husba	·····		21. I CERTIFY that death occurred oo the date about 18	ove stated; That I attended deceased from  19
8. AGE: Yo	ears Months	Days If less than one day  2 6	Immediato cause of death free free free free free free free fre	OURATION Z dz
	umberland, A	llegany Co, Maryland	Due to.	Zoul
11. Industry or bust				
12. Name		rold Gibson	Other conditions	
		ling, W. Va.	(Include pregnancy within)	
14. Maiden na 15. Birthplace	me Bett	y Keplinger mberland, Md	Major findings of operations	
16. Informant Harold Gibson		Antopsy results		
17. Bu (Burial, cremat	rial tion, or removal. Which?)	Cumberland, Md.  Date thereof 11/12/47 (month) (day) (year)  orial Park Cemetery	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	Date of
	C	umberland, Md.	Injured at home, farm, Industry, public place (w	
			Means of Injury	Injured at work?
		m H. Kight mberland, Md.	1/1/1	Asian MII)
19. Mod / 19 47 WR transfer MA (Date rec'd by registrat)  Registrar			23. SIGNATURE. J. Guerre	M. D. or offer  Date signed

NOV 18 1947

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1010 M Lane 09624

M. D. or other

.Date signed / 1 - 26 - 4

#### CERTIFICATE OF DEATH

^	- '		BEILLIA	Reg. Dist. No.
-	2. l	JSUA	L RESIDENCE (HOME	) OF DECEASED:
		For	newborn infants give residence	/ \\ ////
Ì		or tow	(If outside city or town I	mits, write RUKAL and live nearest tewn)
	Stree	t No.	101 Walnu	t ISI
				give LOCATION)
	2.(a)	) if ve	teran, name war	

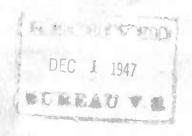
1. PLACE OF DEATH: Office	Z. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)	
County	man ( ( ( ) ) and ( )	
Cily or town	1 Fanthing of	
How long in above place of death?	(If outside city or town limits, write RUKA) and give nearest town)	•
Hospital, institution, or street address where death occurred:	Street No. 101 Walnut XX	
11) mers hospital	(If rural, give LOCATION)	
How long in hospitat or institution?	2.(a) If veteran, name war.	
3. (a) FULL NAME	3. (b) Social Security Number	
Unil pleining	none	_
4. Sex 5. Cotor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	A
emale while widowed	2D. DATE OF DEATH 2 2 3 19 4 7 21 //	1
6, (b) Name of husband or wife Johns Dreening	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	,
The state of the s	19 10 10 10 10 19 19 19 19 14	2
7. Birth date of	and that I last saw h	Ζ
deceased (mo., day, yra levuary 23 894  8 AGE: Years   Months   Day   if less than one day	Immediate cause uf death	
6. AUL.	Costney Montposes 10 va	7
33 9 /hrsmin.		
9. Birthplate (Towy, county, and state)	Due to	7
10. Usual occupation horsefule	3000	
11. Industry or business Romes	Due to	
#I Parled! Themas	01	****
12. Name	Other conditions	****
Z 13. Birthplace	(Include pregnancy within 3 months of death)	Т
14. Maiden name will whitney  15. Birthplace  Pennsylvania	Major findings of operations.	
≥ 15. Birthplace Sennaylvilland	Date of op	
16. Informant. Mrs. Kaymond Greening.	Aotopsy resolts	••••
Address Frontburg Md. 1	PHYSICIAN: Please underline the cause tu which death should be charged statistically.	_
17 Burial Date thereof 11-28-47	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or removal Which?) (month) (day) (year)	Accident, suicide, or homicide	••••
Cemetery or crematory Allegany Cemelery	Where did Injury occur?	
Location Trustlyg Md.	Injured at home, farm, Industry, public place (where?)	
18. Funeral director () · R. Durst	Meens of injury Injused at work?	_
Address Translura May	(118ma/ ma)	

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WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING especially WRITE PLAINLY PLEASE A15

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//- 2 £ (Date rec'd by registrar)



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:	
(For newborn infants give residence of mother)	
State maryland County allegany	
Clly or town. (If outside city or town limits, write RURAL and give nearest town)	
Street Ho. 936 Smaryland are,	
(If ruell, give LOCATION)	
11 20 11	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For jewborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Manyland County County
How long in above place of death?	Clly or town
Hospital, Institution, or street address where death occurred;	Street No. 938 Snaryland and
allegary Hospilal	(If ruell, give LOCATION)
How long in hospital or Institution	2.(a) If veteran, name war. World War II
3. (a) FULL NAME Clande Devall	3. (b) Social Security Number 219-03-89
4. Spg 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Mitte Granier	20. DATE OF DEATH 200 12 19 47 at 12
6.(b) Name of husband or wife Charlotte V. Crock.	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
	//4 13
7. Birth date of deceased (mo., day, yr.) 2 18 19 19	and that I tast saw h
8. AGE: Years months Days It less than one day	Immediate cause of death
o. Auc.	pourestites 6d
9. Birthplace Mantanalym Bankeley Cv. W. W.	Due to
10. Usual occupation Michine Operator	
00 0	Due to
置 12. Name Brush Grove	Other conditions
13. Birthplace Wash Vinginia	
# 14. Maiden name Slave Dialey	(Include pregnancy within 3 months of death) Swellen
	Major findings of operations.
\$ 15. Birthplace West, Vinning	Date of op.
16. Informant Roy E Grave	Actorsy results PHYSICIAN: Please underline the caose to which death should be charged statistically.
Address 938 Mrs. ana. Cambuland Mrs.	
0.0	22. VIOLENCE: If death was due to external causes, this in the following:
17	Accident, suicide, or homicide
Cemetery or crematory St Many's Cemetern	Where did injury occur?
A	
Location Cumbuland My	injured at home, farm, Industry, public place (where?)
18. Funeral director Doning String String	Means of Injury Injured at work?
Address Cambuland Ma.	Whim MD
The lie is what to my	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) 19.4 (Walkland Registrar) Registrar	Address Sq Greene O. Bate signed 11-19.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

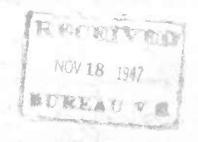
2411 N. Charles St., Baltimore

0962

#### CERTIFICATE OF DEATH

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	110
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Fopgewborn infants give residence of mother)
County William & Samberland	State maryland County alligang
(If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)
How long In above place of death?	Street No.
116 S. mechanic St.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3.(a) FULL NAME martha Ellen H	arbangh. 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Amale White Hidrwed	20. DATE OF DEATH 200 - 4 7 21 8 - 4
6. (b) Name of husband or wife Lennin Francis Harlangh	21. I CERTIFY that death occurred on the date above stated; that f attended deceased from
	Jan 19/75 to 400/13 19.47
7. Birth date of deceased (mo., day, yr.) Shan 9 1836	and that I last saw he alive on 19%
8. AGE: Years Months Days If less than one day	Immediate cause of death Angle Control OURATION
91 6 24hrsmln.	
9. Birthplace Dun Baltimore Pa	Due to Schollful
10. Usual occupation. Itms:	
11. Industry or business at Home.	Due to
	Dither conditions
12. Name Suchael Hickory 10.6.	
# 14. Maiden name Prangarith Bridge	(Include pregnancy within 3 months of death)
14. Maiden name many market Bridge (NRNOW)	Major findings of operations.  Date of op.
16. Informant Prince Cla Harbangh	Autopsy results.
Address Cumberland	PHYStCfAN: Ptease underline the cause to which death should be charged statistically.
Remial not 18 47	22. VIOLENCE: tf death was due to external causes, till in the following;
(Burial, cremation, or remewal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory St. Patter + Canala Cum	Where did injury occur?
Location Consterland	tnjured at home, farm, industry, public place (where?)
18. Funeral director Lanio Stime Inc	Means of Injury Injured at work?
Address Comberland	23. SIGNATURE ELLES
19 Nov. 14, 1847 W. R. trantz M.D.	18 to 18 1 CX M. D. or other
(Date rec'd by registrar) Registrar	Address 2 1 1 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2



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# MARYLAND STATE DEPARTMENT OF HEALTH

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N.	Cł	narlea	St.,	Baltimo		93

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Den	Dist	N.				-/

### CERTIFICATE OF DEATH

	1	3	)	Q	2	6	.1	
Reg.	Diat.	No						

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County allegany	(For newborn infants give residence of mother)
City or town(If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death? 2	City or town
How long in above place of death?	FILE LIFELLI ST
203 Wilmont ave	Street No. 3 7 3 (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3 (a) FIII NAME	3. (b) Social Security Number
Wis Margaret 7	Marsch Harrat your
4. Sex 5. Color or race 6.(a) Single, married Mowed, pr divorced	MEDICAL CERTIFICATION
Temale While Widowed	20. DATE OF DEATH. 7 0 10 19 4 7 21 5 P
7. ly Ture Harat	21. I CERTIFY that death occurred on the date above stated; that 1 attended deceased from
6,(b) Name of husband or wife	SERT-1 1947,10 KOY 10 1947
7. Birth date of	and that I fast saw help alive on May - 7
deceased (mo., day, yr.) Ger 1, 1876	Immediate cause of death
8. AGE: Years Monds Days If less than one day	Phrasio recapiliti
71 7 9min	
1 supples yew york City, y.y.C. n.l	1 Due to ( ) Lad on are unal)
9. Birthplace (Town, county and state)	11/10/47
1D. Usual occupation	Due to
11. Industry or business at Home	Due to
	Other conditions.
12. Name gottfried Maisch	
I.J. Birmplace	(Include pregnancy within 3 months of death)
14. Maiden name Bavaria  15. Birthplace Bavaria	Major findings of operations.
∑ 15. Birthplace / Javarra	Date of op.
16. Informant An Nauk Harsat	Aotopsy results
Address trosthera and	PHYSICIAN: Please underline the cause to which death should be charged statistically.
The state of the s	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burisl, cremation, or removal. Whigh?)  Date thereof. 10 13 1947 (Burisl, cremation, or removal. Whigh?)	Accident, suicide, or homicide
Cemetery or crematory Truity Parish Countery	Where did injury occur?
ICET + Bas Surger - N. 11. Cat	Injured at home, farm, Industry, public place (where?)
Location 13 Stu 7 Studenting	Means of Injury Injured at work?
18. Funeral director.	A
Address Cumberland Md.	[MYIIN LENG MI
DA 11 112 110 From to M.	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Registra	Address 74 Crucus ST Date signed 5 //4:

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3/	WITH UNFADING INK. Supply every item of information carefully. The corrinportant. Physicians: please write the causes of death clearly and legibly.
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# DR. W. F. WILLIAMS

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09628

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Keg.	Dist.	No.	4

			CERTIFICAT	TE OF DEATH	Reg. Dist. No.
How long in hospital or lns	ERLAND ide city or town li death? 52 eet address where DRIAL H	OSPITA	IURAL and give nearest town) Mo 19 Days III AL	21/201 HO	County
3. (a) FULL NAME	ISS BESS	SIE HA	ARRISON		3. (b) Social Security Number
4. Sex FEMALE 5.	WHITE		e, married, widowed, or divorced SINGLE	MEDIO 20. DATE DE DEATH	CAL CERTIFICATION
7. Birth date of deceased (mo., day, yr.)		6.(0	c) It alive, give ageyears	and that last saw he alive on	1
8. AGE: Years 52	Months 9	18 Days	If less than one dayhrs min.	Immediate cause of death	DURATION DURATION
1D. Usual occupation	PUBLIC S	county, and a	umberland tate) JRAPHER	Due to	Ease Mas
***   Z. (12m) :	LLIAM H. RYLAND	ARRIS	ON	Dither conditions	
# 14. Maiden name	HEUBNER MARYLAN		ZABETH	Major fiedings of operations.	within 3 months of death)  Date of op. 21500
16. Informant MEMORIAL HOSPITAL Address CUMHRLAND, MARYDAND			••••••••	Actorsy results	anse to which death should be charged statistically.
17. Buria (Burial, cremation, or Cemetery or crematory	l removal. Which?) Green	Date there		VIOLENCE: It death was due to e     Accident, suicide, or homicide  Where did Injury occur?	Date of
Location		iam H.	Kight	Msans of Injury	Injured at work?

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. 109629

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (Fog newborn infants are residence of mother)
County allegary	and and and alle some
(If outside city or town limits, write RURAL and give nearest town	
ow long in above place of death? 73 - 7 - 15	City or town (If outside city or town limits, write RURAL and give nearest town)
ospital, Institution, or street address where death occurred:	Street No. 10.3 Bedford St
103 15 12/110 51	(If atal, give LOGATION)
ow long in hospital or institution	2.(a) It veteran, name war
(a) FULL NAME	3. (b) Social Security Number
William Yes	my Hast House
Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male blate prossed	homeseles 6 47 7 P
and of Barrie	20. DATE OF DEATH 1802 19. 4 21.
(6) Name of husband or wife Slandbe Dale	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	years and that Last saw h Ma alive on Markey by G 1947
deceased (mo., day, yr.) Speech 21 1874	Lacrosco De 10 In Paretto
AGE: Years   Months   Days   If less than one day	Immediate cause of death Myo Cardial Jufartion DURATION
72 7 1.5hrs.	min.
	and a to the total of the second
Birthplace	Due to
Usual occupation Breechant	
7:1 m. 1.1	Due to
1. Industry or business Ash Market	1 . P 1 (. C
12. Name Sury Harf	Other conditions Desidenal celor 40 year
13. Birthplace	(Include pregnancy, within 3 months of death)
14. Maiden name many 6 Berg	
14. Maiden name Sunny 6 Burg Ond.	Majur findings of operations
Co. W 11 1/2	Antoney results / Vouse Date of op. Claric
6. Informant	PHYSICIAN: Please underline the cause tu which death should be charged statistically.
Address Cumberlang	22. VIOLENCE: It death was due to external causes, fill in the following:
17. Burial Date thereof Sur 9 4	, 000
(Burial, cremation, or removal, Which?)	ACCIDENT, SUICIDE, OF NOMICIDE.
Cemetery or crematory At Alle Jules Clan	Whers did Injury occur? (City or town) (County) (State)
Location of Cumberland	Injured at home, farm, Industry, poblic place (where?)
dri tti and	Means of Injury 100 Injured at work?
18. Funeral director All Management 18.	1- 20 (
Address Cumberland	23. SIGNATURE & Develle On Gelesman hy
The 8 117 look trant to	M, D. or other
(Date rec'd by registrar)	egistrar Address 22/20/00/97 Date signed 1/1/7/9

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#### MARYLAND STATE DEPARTMENT OF HEALTH

## CEPTIFICATE OF DEATH

		TE OF DEATH  Reg. Dist. No.	
How long in above place of death? Hospital, institution, or street addres Memorial H	nd. Maryland town limits, write RURAL and give nearest town) where death occurred: ospital, Cumberland, Mo		
3.(a) FULL NAME Miss Jose	phine Hone	3. (b) Social Security Number	
4. Sex 5. Cotor or r Female Whit	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  November 23, 47, 3:45 F	
8. AGE: Years Months 50 9. Birthplace		Value of death Press . Myonic, DURATION	
11. thdustry or business    12. Name William   13. Birthplace	Hone Maryland		
14. Malden name Laur 15. Birthplace	a Hone Maryland	(Include pregnancy within 8 months of death)  Major findings of operations	
16. Informant	al Hospital Pland, Maryland Wirch?)  Bate thereof Of 27, 1947 (month) (day) (year)  Wirthly  Wirthly  William Maryland	Actopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, sulcide, or homicide	

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

Reg. Dist. No...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
Bro Velante tarmo uera (1.	State Md County Allegany
(If outside city or town limits, write RURAL and give nearest to How long in above place of death?	Cily or lawn.
Hospital, institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)  Street No. Waryland St. Aut.
Maryland St. Toule	(If fural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Amos Lee Hughe	3 214-10-5339
4. Sex 5. Color or race B.(a)Single, married, widowed, or divorce	MEDICAL CERTIFICATION
M Married	20. DATE OF DEATH November 3 1947 at 5:00 P.
Rosella Bran	21. I CERTYY that death occurred on the date above stated; that rattended deceased from
6.(b) Name of husband or wife	nas I II had 3
7. Birth date of	and that I last saw h. Some alive on Nedge 3 19
deceased (mo., day, yr.) Sept 29, 1887	Immediate cause of death
8. AGE: Years Months Days If less than one day	Designal Missing 21
60 / Thrs	min.
9. Birlhplace (Town county, and state)	M.d Due to.
10. Usual occupation	Que to.
11. Industry or business Valorias Edison C	0.
12. Name John Hughes 410	Diher conditions.
	(Include pregnancy within 3 months of death)
14. Maiden name Sersus 7  15. Birthplace Haucocks Wa	
15. Birthplace Haucock Und	Major findings of operations
15 leterment Mars, augus Lee Augh	Mitopsy results.
Address Bead Lock Former Pt. C.	HYSICIAN: Please underline the cause to which death should be charged statistically.
B ' A	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)	year) Accident, suicide, or homicide
Cemetery or crematory Hillerest Cemetery	Where did Injury occur? (City or town) (County) (State)
Location Cumberland, Md	
1011	Maans of injury Louved at works
18. Funeral director.	. Aller hels.
Address Cechbulated, Held,	23. SIGNATURE.
19. At J. C. F. anh	M. D. or other
II INGLE ACC U DY ICKISHRII /	DEFINITION IN ARRIVATE IN ARRIVATE AND A ALLEY AND A A

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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	CERTIFICA	TE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH:  County	mo	City or town	te, write kURAL and give nearest town)
3. (a) FULL NAME	0 . 0 0	1	3. (b) Social Security Number
. 9ds	Condelia Int	man	none
4. Sex 5. Color or race 6.	(a)Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION
Florale Mine	marwia.	2D. DATE OF DEATH NOO 28	19.7./, at/
6.(b) Name of husband or wife	Johnson Sr.	21. I CERTIFY that death occurred on the date at	pove stated: that Lattended deceased from  17, to hoseule 28,  28
7. Birth date of deceased (mo., day, yr.)	29 1876	Immediate cause of death. Hepato	- reval DUR
	Days   If less than one day	Immediate cause of death	500
71 6	29hrsmin		
S. Birthplace	y, and state)	Due to Obstructure a	undico 5 da
1D. Usual occupation	voje	Due to Caverino ma 87	silo Hent
	his	and the second	to heat disease u
12. Name	g.J.	Other conditions (Include pregnancy within 3	months of death)
# 14. Maiden name.	parters	Major findings of operations.	
14. Maiden name	2.1.	Major hadings at aperations	Date of op. 40
10.00.00	Johnson Co.	ho ho	
16. Informant	The state of the s	PHYSICIAN: Please underline the cause to	which death should be charged statistically
Address Cum	Hiland	22. VIOLENCE: If death was due to external ca	auses, fill in the following;
(Burial, cremation, or removal, Which?)	late thereof	Accident, suicide, or homicide	// .
Cemetery or crematory Flesh	e aletama	Where did injury occur?(City or town)	(County) (State)
Location	1/	Injured at home, farm, Industry, public place (	
4.	1t. 1900	Means of injury	injured at work? W
1B. Funeral director	ussy and	16.1.	
Address Lmu	mand	23. SIGNATURE DEVINE	suan 40
100/29 1047	W.R Frank, M.D	10000	M, D. or other
(Date rec'd by registrar)	Registra	Address 122 Degrow	Date signed 11/25



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF I	DEATH: Alleg	any	54 7 - 1 3	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Maryland County Alkegany  City or town Westernport  (If outside city or town limits, write RURAL and give nearest town)  Street No. 201 Rock Street  (If rural, give LOCATION)  2.(a) If veteran, name war.		
	Wester	nnort	***************************************			
City or town	If outside city or town li	mits, write R	URAL and give nearest town)			
How long in above pl	ace of death?					
Hospital, institution,	or street address where	death occurred	:			
	201 Rock	Stree	<b>L</b>			
How long in hospita	l or instituiion?		***************************************			
3. (a) FULL NA	ME			3. (b) Social Security Number		
	WILL	IAM H	OWARD KEARNS			201
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Male	White		Married	2D. DATE OF DEATH November	18, 1947	8:30p
- d\	and or wife Ha	zel K	earns	21. I CERTIFY that death occurred on the date abo	ove stated; that Lattended de	ceased from
5.(o) Name of nuses	and or wite		50	10-ct 1 19	47 10 now	18 19.4.7
7. Birth date of		6. (0	e) If alive, give age 50 years	and that I last saw h . Line allve on Thore	U 18	1947
deceased (mo., da	ay, yr.) Decemb	er ac	1003	Immediate cause of death		OURATION
0. 1102.	ears Months	Days	it less than one day			
(	33   10	26	hrsmin.	Coronary Ocela	sion)	6 W14
			gany, Maryland	Due to Corondry Selar	oris)	2 / 2
10. Usual occupatio	Merchan	t		Buck	***************************************	
	ness Grocery			Due 10		••••
	John Ke			Dither conditions		****
E	Wost Win	ginia			,	•••
		Mich	aple	(Include pregnancy within 3	months of death)	***
14. Maiden na 15. 8irthplace	me Dellark IV.	MITCH	GETD	Major findings of operations		
2 15. Birthplace	Westernp	ort,	Maryland			
16 Informant	Mrs Hazel	Koon	na	Autopsy results		
1	Westernpo			PHYSICIAN: Please underline the cause to w	hich death should be charge	d statistically.
Address Buria			Nov 22 1947	22. VIOLENCE: If death was due to external cau	ises, fill in the following:	
17. Dur 1a.	tion, or removal. Which?)	Date there	Nov 22,1947 (month) (day) (year)	Accident, suicide, or homicide	Date of	
			etery	Where did Injury occur?(City or town)		•••••
Cemetery or crea	Tallory	Sen	Manuland			
Location	wester	Thou,	Maryland	Injured at home, farm, Industry, public place (w		
18. Funeral directo	Ellswor	th S.	DOST	Means of Injury	injured at work?	0
Address	Westernpor	t, Ma	ryland	23. SIGNATURE Thoman	Teenes	, m. W
	70 1947		Ankaker MY	11 tout 4 m d M. D. or other		
(Date rec'd by	registrar)	1.6	Registrar	Address Lawrence	Date signer	//



WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and I

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

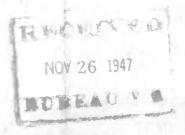
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#### CERTIFICATE OF DEATH

eg. Diat. No. 4

1			CERTIFIC	AII	E OF DEATH	Reg. Diat. No	/	
1. PLACE OF DEAT			· ·	36	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of r	nother)		
City or town					State MARYLAND County GARRETT  City or town OAKLAND  (If outside city or town limits, write RURAL and give nearest town)  Street No.			
MEMORI How long in hospital or in			HOURS		(If rural, give LOCATION)  2.(a) If veteran, name war			
3. (a) FULL NAME						3 (b) Social Security 1	<b>Vumber</b>	
KEMPHFER.	BABY BO		married, widowed, or divorced	- 11	MEDICAL CE	ERTIFICATION		
MALE	WHITE		FANT		20. DATE OF DEATH NOVEMBER 2		8:40P	
8.(b) Name of husband or wife					21. I CERTIFY that death occurred on the date about 21	ve stated; that I attended decea £. 2, to 2. I N	19 47	
deceased (mo., day, yr.  8. AGE: Years	Months	Days	it less than one day	min.	Immediate cause of death	ity	DURATION	
10. Usual occupation 11. Industry or business			JANY, MARYLA		Due to. Claratae Of Due to. Charactae Of Conditions	reserve		
14. Maiden name	LILLIAN	KISER	MANIDAND		(Include pregnancy within 3 n			
16. Informant Heinfamed Segretary					Autopsy results			
Address  17 (Burial, cremation, or removal. Which?)  Date thereof. (month) (day) (year)					22. VfOLENCE: If death was due to external causes, till in the following:  Accident, suicide, or homicide			
Cemetery or crematory	Vasel	and	Camelery		Where did injury occur?(City or town)  Injured at home, farm, industry, public place (wi			
Location	y garage	200	201		Mesns of injury	Injured at work?		
1B. Funeral director	Herhe	Mary	2 My	<del>ا</del> ل.	211.	8 Wester	mes 1	
19. Aby 2. (Date rec'd by reg	2 19.47	Her	eters tra	nistrar)	Address 11 2 Bestal	7. Date signed	or other 22 Nov C	



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### CERTIFICATE OF DEATH

CERTIFICATE OF DEATH Reg. Dist. No.						
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)					
County Allegany Cinglesland	State Maryland County allegan					
City or town	City or town Cumberland					
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)  Size 1 No. 15 3 11 11 11 11 11 11 11 11 11 11 11 11 1					
allegang for the street audies where the state of the sta	Street No					
How long in hospital or matilution?	2.(a) If veteran, name war					
3. (a) FULL NAME	3. (b) Social Security Number					
In arrevy anne Kimh	erlin None					
4. Sex 5. Color or race ( Single, married, widowed, or divorced	MEDICAL CERTIFICATION					
Temale w newborn	20. DATE OF DEATH No nember 3 1947 of 11 PM					
8,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from					
6.(c) It alive, give age	// - 3 - 19 7) 10 / 7 19 /					
7. Birth date of deceased (mo., day, yr.) Rosember 3, 1947	and that I last saw h					
8. AGE: Years   Months   Days   If less than one day	Immediate canse of deeth with leaves 1/2 do					
12 hrs. /5 min.						
Cylinder alleran me.	Due to extract the					
9. Birthplace	malfrunkso					
10. Usual occupation	Dua to					
11. Industry or business						
12. Kame Glenn Englise Kemlisellin.	Other conditions					
13. Birthplace Bedford Co. Pa	(Include pregnancy within 3 months of death)					
14. Maiden name Lestande Jos Neming	Major findings of operetinus.					
14. Maiden name. Gettamle Tris Neming 15. Birthplace Belford Co. Pa.	Date of op.					
NA C- II - C-	Autopsy results					
16. Informani 15 4th St., umberland, Md.	PHYSICIAN: Pleese underline the cense in which deeth should be charged stetistically.					
Burial Date thereof Nov. 5, 1947	22. VIOLENCE: It death was due to external causes, fill in the following;					
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide					
Cemetery or crematory St. Thomas Cem.	Where did injury occur?					
Location Bedford, Penna.	Injured at home, tarm, Industry, public place (where?)					
H. Wayne George	Means of Injury tojured at work?					
18, Funeral director	( Phino M)					
51.11 1.14. + ms	23. SIGNATURE					
19. (Date rec'd by registrar)  Registrar	Address S & Keline 8/ Data signed // - 4 4					

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legit MARGIN RESERVED FOR BINDING

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	CERTIFICATE OF PERSON	Reg. Dist. No.
County	City or town (If outside city or town (If outside city or town (If rurr)	n limits, write RURAL and give nearest town)
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	nd Knight	3. (b) Social Security Number 214-05-626
4. Sex (S. Color or race 6.(a) Single, married		L CERTIFICATION
male white mas	sied 20. DATE DE DEATH	1 . 0 1 130
6.(b) Name of husband or wife	/2-3-	date above stated; that I attended beceased from
7. Birth date of deceased (mo., day, yr.)	and that I last saw h	
3. AGE: Years Months Days If let	ss than one day	× 4 / 2 / 1
Birthpiace Radio (Down county, and state)	Va. Due to chromes	myenthi Zyen
10. Usual occupation.	Due to.	
11. Industry or business Ancire	y Branes	
12. Name Shan Knight	Other conditions	
13. Birthpiace	· Va	ithin 3 months of death)
Elea Eller Fr	(Include pregnancy w	othin 3 months of death)
14. Maiden name	Major findings of operations	
AF BI Blates		0.1 .1

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16. Informant

Address

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(Date rec'd by registrar)

Address

Date thereof (month) (day) (year)

Registrar

Injured at home, farm, Industry, public place (where?)

Accident, suicide, or homicide. Where did injury occur? ......

Means of Injury

PHYSICIAN: Please underline the cause to which death should be charged statistically

22. VIOLENCE: If death was due to external causes, fill in the following

(City or town

Injured at work?

Dr Brings

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MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

_					-
ll	N.	Charles	St.,	Baltimore	

# CERTIFICATE OF DEATH

Clity or town. (If outside eity or town lights, write BURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) UF DECEASED: (Eer newborn infantsgive residence of mother)  State County C
3. (a) FULL NAME George Swell	3. (b) Social Security Number 179-03-4994
Male Whites Plarried	MEDICAL CERTIFICATION  20. DATE OF DEATH
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  10. 19. 4.7., to 1.1
12. Name 12. Name 13. Bythpolace 2007 Start 14. Maiden name 2007 Report 15. Birthplace 2007 Report 16. Informant 2007 Address 25-1616	Other conditions
17. Burial, cremation, or removal, Which?)  Cemetery or crematory  Location  18. Funeral director,  Address  Date thereof (month) (day) (year)  (month) (day) (year)  (month) (day) (year)	Accident, suicide, or homicide
	23. SIGNATURE

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R. M. E. P. S. S.



PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The colis especially important. Physicians: please write the causes of death clearly and legibly.

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Dr. Faw

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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/			CERTIFICAT	TE OF DEATH	Reg. Diat. No.
City or town	gany berland, outside city or town lim of death?	Year		2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of State Maryland Country of Italian (If outside city or town limits Street No. 411 Decatur St (If rural, give	Allegany e, write RURAL and give nearest town) creet
3. (a) FULL NAME					3. (b) Social Security Number
Mrs. Beatrice Kuhns					None
4. Sex	5. Color or race		, married, widowed, or divorced	MEDICAL C	ERT!FICATION
Female	White	Man	ried	20, DATE OF DEATHNovember	· 30, 1947 8:25 P
6.(b) Name of husband or wife Howard M. Kuhns  6.(c) If alive, give age 45 years				21. I CERTIFY that death occurred on the date about SEP. 3	47 , to Nov. 30 19 47
7. Birth date of				and that I last saw h. e. alive on	Nov 30 13.47
deceased (mo., day,		Days	It less than one day	Immediate cause of death	DURATION
8. AGE: Year		3		1 ADENO-COREUR	cative Chronic 1241s.
9. Birthplace Cumberland, Allegany, Mary and (Town, county, and state)  10. Usual occupation			Maryland tate).	Due 13. Bush By L. Due 10.	Nov. 30. 198)
12. Name W. F. Hiser				Dther conditions	
14. Maiden name Lillie M. Brant  15. Birthplace Maryland				(Include pregnancy within 3	
16. Informant Memorial Hospital Address Cumberland, Maryland				Antopsy results	
Burial 12/3/47  (Burial, cremation, or removal, Which?)  Cemetery or crematory. Greenmount Cemetery				22. VIOLENCE: It death was due to external ca Accident, suicide, or homicide	Date of
	Cumberlar			Injured at home, farm, industry, public place (v	
Location	*************************	F		Maons of Injury	Injured at work?
18. Funeral director	Willi Cumberl	and,	d.	23. SIGNATURE CS. M.	Fases or M. W.
18 Dele 3 19 47 W.R. Sautz, M. D. (Date rec'd by registrar)			R. Sautz, M. D. Registrar		M. D. or other  Date signed Nov. 30 (194)

DEC 3 1947

VS A15

Willin corporate limits

MARYLAND STATE DEPARTMENT OF HEALT					
	MARYIAND	STATE	DEPARTMENT	OF	HEALTH

2411 N. Charles St., Baltimore

# 09639

## CERTIFICATE OF DEATH

Reg. Dist. No......

1. PLACE OF DEATH:  County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town (If outside city or town limits, write RURAL and give nearest town)	State Od County Allegary		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Allegany County Infirmary	Street No		
How long in hospital or institution?	2.(a) If veteran, name war.		
3.(a) FULL NAME  Price Lancaster	3. (b) Social Security Number		
4. Sex   5. Coior or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH. November 19 19 47 at 14 to Re		
6.(b) Name of husband or wife Mary Hyde  6.(c) If alive, give age ye	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from		
7. Birth date of deceased (mo., day, yr.) May 1, 1880	and that I last saw h 1.372 alive on 2007. 15 1947		
8. AGE: Years Months Days If less than one day	Immediate cause of death  Dung ear dial failure  12 hrs		
9. Birthplace Allegary Co. M.d. (Tom, county, and state)	Due to Chronic mysearditis 5 yrs		
10. Usual occupation	Due to Demeralized artriosclussis 25 yrs		
12. Name Thomas Loneaster	Dther conditions.		
13. Birthplace Allegany Co., Md.	(Include pregnancy within 3 months of death)  Major findings of operations.		
2 15. Birthplace Allegany Co., Md.			
Address Cum how land, Md.	Autopsy results		
17. Burial Bate thereof No. 17. (Burial, cremation, or removal, Which?)  Bate thereof No. 17. (19.17. (month) (gray) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide		
Cemetery or crematory. Alleg. Co. Ceme tery	Where did Injury occur?		
Location Cums 2 Jand, 110,	injured at home, farm, industry, public place (where?)		
18. Funeral director. To the Jan Harding	Means of Injury Injured at work?		
Address Conflicted, the di	23. SIGNATURE. CASTALLY T. Sould be D. M. D. or other		
19 (Date rec'd by registrar) Registr	trar Address 110 3. Cestre St. Date signed 11-22-47		



Within cheporate limits

#### MARYLAND STATE DEPARTMENT OF HEALTH

09640

	1454 CERTIFICA	TE OF DEATH Reg. Diat. No	4	
How long in above place	Cumberland  Outside city or town limits, write RURAL and give nearest town)  of death? 45 Years  street address where death occurred:  Allegany Hospital  r institution? 5 Days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State		
J. (4) 1 OLLI 111111	Conda G. Lashley	3. (b) Social Security N 213-12-9734		
4. Sex Male	5. Color or race 6.(a) Single, married, widowed, or divorced White Married	MEDICAL CERTIFICATION  20. DATE OF DEATH November 17 19.47		
7. Birth date of deceased (mo., day, )		21. I CEAUFY that death occurred on the date above stated: that lattended decease  19.7 to 10.7 to 10.	1 .7/	
8. AGE: Years	8 22mirsmir	Phronic endocarditis	/ year	
9. Birthplace	Jecoh H. Lashley	Due fo  Due fo  Other conditions		
14. Maiden name.	Nancy Bennett Artemas, Pa.	(Include pregnancy within 3 months of death)  Major findings of operations.  Ogic of op.		
16. Informant	Mrs Conda Lashley Bedford St, Cumberland, Md.	Antopsy results	tatistically.	
17. Bur	Date Ihereof Nov. 19, 1947 (month) (day) (year) Hill Crest Burial Park	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide	(State)	
Location	Camberland, Md.	Injured at home, farm, Industry, public place (where?)		
1B. Funeral director	William H. Kight	Meane of Injury Injured at work?	125	
Address	Cumberland, Md.	23. SIGNATURE R. M. Chevaskis S.	- M.N	
19. 100. / (Date rec'd by re	8 19 47 W.R. Frank M.D. Registra	I do al and ma	rother	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corrects is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING VS A15

NOV 26 1947

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlen St., Baltimore

#### CERTIFICATE OF DEATH

				Reg. Diac. No	
City of town	umberland	ive nearest town)	2. USUAL RESIDENCE (HOME) O (For newborn infants give residence of State	mother)	
How long in above place of death?			Street No	LOCATION)	rest town)
How long in hospital or institution?			2.(a) If veteran, name war	***************************************	
3. (a) FULL NAME	Henrietta	ewis		3. (b) Social Security 1	Number
4. Sex 5. Color or ra	ce 6.(a)Single, married, wide	owed, or divorced	MEDICAL CI	ERTIFICATION	
Female Whit	e Widow		20. DATE OF DEATH NOVember 3.	1947 19	at11-30B
7 Blat date of	oshua Lewis 	ageyears	and that I last saw h.E.Ralive on	v. 3.	19 47
8. AGE: Years   Months	Days I If less tha	n one day			DURATION
	1 12	hrs. min.	Brunates da		5 nm
10. Usual occupation	House		Due to		
¥ 12. Name Sol	omon Rexroad		Other conditions.		
Solomon Rexroad  12. Name Orleans, W. Va.					
E 14. Maiden name. Mary Wolf			(Include pregnancy within 3 months of death)  Major findings of operations		
2 15. Birthplace	Orleans, W.	Va.	Date of op.		
16. Informant Mrs.	Roger Eackles		Autopsy results		
Address 146 Hanover St. Cumberland, Md.			PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VtOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide		
Burial Date thereof Nov. 6, 1947  (Burial cremation, or removal. Which?)  (month) (day) (year)					
Cemetery or crematory	Lukes Cemetery		Where did injury occur?(City or town)	(County)	(State)
	land Md.		injured at home, farm, industry, public place (w		
18. Funeral director			Means of injury	Injured attwork?	1
Address	Cumberland, Md.	•	2).65.7	m son	4
19. (Date rec'd by registrar)	47 WR. Fra	utz. M. K.	23. SIGNATURE  Address Maria al Reg	M. D. o	or other 1-4-47

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NOV 12 1947

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DR COOPER

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CEDTICICATE OF DEATH

09642

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State MARYLAND  COUNTY  CUMBERALND (If outside city or town limits, write RURAL and give nearest town)  Street No. BOWMANS ADDITION  (If rural, give LOCATION)  2.(a) If veteran, name war.  3. (b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE INFANT	NOV 21 1947 21 8:50A N
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 0cb 18 47 to 21 Nov. 19 47
7. Birth date of deceased (mo., day, yr.) SEPT 9, 1947	and that I last saw h. (M. alive on 21 New- 19 47.
8. AGE: Years Months Days It less than one day 2 12	Immediate cause of death  Surgest upper rainfaste 33 days.  Oue to  Oue to
12. Name LAWRENCE LIVENGO D  13. Birthplace MARYLAND	Other conditions
14. Maiden nameWINEBRENNER MARY	Major findings of operations
16. Informant Admirence Living and  Address 77. 3 Comber Land, Md  BURIAL  17. (Burial, cremation, or removal, Which?)  Cemetery or crematory Davis Memorial Cometery V.  Location Comber Land, Md  18. Funeral director Address Cometary March	Autopsy results.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the tollowing;  Accident, suicide, or homicide
19. (Date rec'd by registrar)  Registrar	23. SIGNATURE M. D. Grother  M. D. or other  Address' 22 S. Centre St. Date signed 21 Row 47.

NOV 26 1947

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Within corporate William

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

09643

		CERTIFICATION OF THE PROPERTY	Reg. Dist. No.
County			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State. Maryland county Allegany  Clip or town Cumberland  (If outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAM	M.E.		3. (b) Social Security Number
J. (6) 1 0 22 101		am Hamilton Longwe	
4. Sex	15. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	0.000		
Male	White	Married	20. DATE OF DEATH NOV. 11, 19 47, 1 7:05P
7. Birth date of deceased (mo., day 8. AGE: Yea 9. Birthplace	Manassas,  Supt.  ss B. & C Villiam Manassas,  Bellef Elizabet	Sa King Longwell  6.(c) If alive, give age 49 yes y 16, 1896  Days   It less than one day 25   hrs. mi  Va.  county, and state) Of Shops  C. Railroad Co.  arshall Longwell  Conte, Penna.  th Sinclair	Immediate cange of death  Duration  Due to  Due to
		sas, Va.	Date of op.
Address 203	Greene S al on, or removal. Which?	St. Cumberland, Md.  St. Cumberland, Md.  Date thereof. Nov. 14,194 (month) (day) (year)  Mausoleum.	Antippy results
		ourg, W. Va.	
			Meens of Injury injured at work?
1B. Funeral director		L. George	Cht I St
Address	Cumber]	and, Md.	23. SIGNATURE
19. (Date rec'd by	/3 19.47	W.R. Trauto, M.A.	M. Dvorother

NOV 18 1947



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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

09644

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
3.(a) FULL NAME auice E. Malloy	3. (b) Social Security Number
Sex 5. Color or race 6.(a) Single, married, widowed, or divorced for the widowed	MEDICAL CERTIFICATION  20. DATE OF DEATH NOVEMBER 8th 1947 at 200 A.M.
6,(b) Name of husband or wite Courteuce 5	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from  19.46, to Nov.  19.47  and that I last saw h. W. alive on Norman 8/47
8. AGE: Years Morhs Days If less on one day  6 4 20	Immediate ause of death DURATION My O Carottis - Record place Occite Dilectolein Neat.
9. Birthplace My Javage alle garry Md (Town, jounty, angistate)  10. Usual occupation occupation	Due to Municipan to me -
11. Industry or business have [ ] 12. Name Edward ( Jills)	Die to
13. Birthplace M. Savage Md.  14. Maiden name Mary Que R'ohold  15. Birthplace M. Davage Md.	(Include pregnancy within 3 months of death)  Major findings of aperations.
16. Informant Greek Malloy	Autopsy results
Addiess  17. Burea Date thereof. (morth) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cemetery or crematory W. Talricks  Location Davage Md.	Where did injury occur? (City or town) (County) (State)  Injured at home, farm, Industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?  23. SIGNATURE William E. Museley M. D.  M. D. Or Hyft
18. Av / O 19 47 W. A. A. A. A. M. Registrar	Address MR Ravage Md Date signed 11/8-1947

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NOV 18 1947

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09645

#### CERTIFICATE OF DEATH

Address..

Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: (Fornewborn infants give residence of mother) (If rural, give LOCATION) 3. (b) Social Security Number MEDICAL CERTIFICATION that death occurred on the date above stated; that datended deceased from (Include pregnancy within 3 months of death) Major findings of operations..... PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide..... Where did mjury occur? .....(City or town) Injured at home, farm, Industry, public place (where?) ..... Injured at work? Means of Injury

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BINDING

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1. PLACE OF DEATH:

How long in hospital or institution?.

3. (a) FULL NAME

6.(b) Name of husband or wife.

10. Usual occupation......
11. Industry or business

14. Maiden na 15. Birthplace

Address

(Date rec'd by registrar)

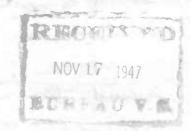
4. Sei

7. Birth date of deceased (mo., day, yr.)

8. AGE:

ospilal institution, or street address where death occurred:

5. Color or race





CERTIFICAT	IE OF DEATH Reg. Diat. No	
1. PLACE OF DEATH.  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State	nearest town)
3. (a) FULL NAME	3. (b) Social Securit	ty Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Male White Sungle  6.(b) Name of husband or wite	MEDICAL CERTIFICATION  20. DATE DF DEATH	eceased from
7. Birth date of deceased (mo., day, yr.) Office // 1947  8 A.G.F. Years   Moons   Days   It less than one day	and that I last saw h	19.4.7 DURATION
8. AGE: Years Moons Days It less than one day  7 / 2	Due to	2.4 4.
10. Usual occupation	Due to	/ hama.
12. Name leves Mary 13. Birthplace Propoflowe nd	Other conditions	
14. Malden name Que Carrell Carrell 9nd.	Major findings of operations	
Address Guaglan 946  17. Bural Date thereof (month) (day) (year)	PHYSICIAN: Please underline the cause to which death should be charged.	ed statistically.
Cemetery or crematory St acceleraces Comments	Where did Injury occur?	
18. Funeral director	Meens of Injury  Meens of Injury  Injured at work?  The second of the se	d
19. (Day'r rec'd by registrar) 19 46 7 (Registrar) Registrar	CYCCA ATAWA?	D. or other ed / 1 · 14 · 47

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NOV 26 1947

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	IE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH:  County	Street No. 439 M. Ce	ts, write AURAL and give nearest town)
3. (a) FULL NAME Onna Mc Clure		3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Lenole White Married	MEDICAL C	ERTIFICATION
6.(b) Hame of husband or wife. Graft. Mc Clure	21. I CERTIFY that death occurred on the date ab	pove stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day hrs. min.  9. Birthplace Months Care base Sa.  10. Usuat occupation Months Care base Sa.	and that I last saw here alive on	,
11. Industry or business    12. Hame	Other conditions	
16. Informant	Actopsy resolts	which death should be charged statistically.  auses, fill in the following:  Date of (County) (State)
18. Funeral director. Louis Stein, Jug.  Address 1/7 Freshirch of  19. Mac 6 1847 W. Frank, M. D.  Begistrer	Means of Injury  23. SIGHATURE	Muny M. D. or other Joseph



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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09648

#### CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	State Md. County Allegany		
City or town. I.a. Vale.) Cumberland Md. (If outside city or town limits, write ROLAL and give nearest town)	City or town. T.a. Vale.) Cumberland		
How long in above place of death? 16 Years		rest town)	
Hospital, institution, or street address where death occurred:	Street No. Rd #1 (If rural, give LOCATION)		
How long In hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security	Number	
Charles Leonard Mc Cormick	None		
Charles Leonard Mc Cormick  4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	1	
male White Married	2D. DATE OF DEATH NOV. 7 19.4.7	, at 8 3.5 A., M	
6.(b) Name of husband or wife Anna Margaret Raer	21. I CERTIFY that death occurred on the date above stated; that I attended dece	ased from 🕒 V	
6.(c) It alive, give age 43 years			
7 Right date of	and that I last saw h.imaiDeadNov7	19.4.7	
deceased (mo., day, yr.) Aug. 14-1904  8. AGE: Years   Months   Days   If less than one day	Immediate cause ol death		
43 2 23hrsmin.	Coronary occlusion		
		hours	
9. Birthplace. Cumberland, Allegany, Maryland (Town, county, and atate)	oue ru.		
10. Usuat occupation Mercgant	Que to.	* ****************************	
11. industry or business Confectionary Store	OUE (U		
質 12 Name Joseph A. Mc Cormick	Other conditions cirrhosis of the liver		
Joseph A. Mc Cormick  12. Name Joseph A. Mc Cormick  13. Birthplace Cumberland, Maryland	and edema of the legs. (Include pregnancy within 3 months of death)		
14 Maiden name Anna E. Miller			
14. Maiden name Anna E, Miller  15. Birthplace Cumberland, Maryland	Major findings of operations.		
16. Informant Charles J. Mc Cormick	Date of op		
	Autopsy results	statistically.	
Address RD #1, Cumberland, Maryland	22. VIOLENCE: It dealh was due to external causes, till in the tollowing;		
17. Burial Dale thereof November 9, 1944	Accident, suicide, or homicide		
Cemetery or crematory Hillcrest Cemetery	Where did injury occur?(City or town) (County)	(State)	
Location Cumberland, Maryland	injured at home, farm, industry, public place (where?)		
1B. Funeral director. John J. Hafer	Masas of Injury Deputy Medical Examinor - Alle	gany Co.	
Address Cumberland, Maryland	H. V. Deming M.D. W. Dem	ing M. D.	
19. Date rec'd by registrar)  (Date rec'd by registrar)  Registrar	In, D.		

MARGIN RESERVED FOR BINDING

WITH UNFADING INK. Supply every item of information carefully. The correct important. Physicians: please write the causes of death clearly and legibly.

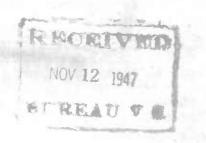
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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09649

/			CERTIFICAT	E OF DEATH	Reg. Diat. No	
How long in above pla Hospital, Institution, 10	Cumberland Coutside city or town in ace of death? 70 Yr or street address where of O West Seco or institution?	mits, write RU s 9 Day leath occurred: nd Stre	et .	2. USUAL RESIDENCE (HOME) (For newborn infants give residence of the company of t	OF DECEASED: of mother)  County Allegany  nits, write RURAL and give ness  cond Street ive LOCATION)  3. (b) Social Security	rest town)
			nder McCormick married, widowed, or divorced		None	
4. Sex Male	5. Color or race		Married	MEDICAL OF DEATH NOVEMBER	certification er 28 19.47	, at . 7 A M
7. Birth date of deceased (mo., da 8. AGE: Ye 70  9. Birthplace	y, yr.) Februars Months 9 umberland, A (Town.) ness Fuller John Cum	Days 1 11egany county, and at Sales Brush ( McCormi	It alive, give age 70 years 7 1877 It less than one day min. To, Maryland late) Sman Company Lck	21. I CERTIFY that death occurred on the date and that I last saw h	James Harry	ased from 19. 19.  OURATION 2.  Z.  Z.  Z.  Z.  Z.  Z.  Z.  Z.  Z.
14. Maiden nar 15. Birthplace	110	bara Z: rland l		Major findings of operations		
16. Informant	West Secon	d St, (	Cumberland, Md. Nov 30,1947 (month) (day) (year)	Autopsy results PHYSICIAN: Please underline the cause to 22. VIOLENCE: If death was due to external Accident, suicide, or homicide	which death should be charged causes, fill in the following:	statisticaDy.
Location	Camb	erland,	Md.	Injured at home, farm, Industry, public place	(where?)	
18 Funeral directo	William H	. Kight	j	Meens of Injury	Injured at work?	7
Address		rland,		0 23. SIGNATURE.	. Dine	- DA
19. Nov.	29 19.4.7 registrar)	Hem	ten a Jeanty Max	Address Culler		or other "1/28/47

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly PLEASE WRITE

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

Reg. Diat. No. ....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Mary Land county Filled anny
City or town (If outside city or town) lighter, write RURAM and give nearest town)	10-110-11
How long in above place of death?	City or town for outside city or town limits, write RURAL and give nearest towo)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or instilution?	2.(d) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex   5. Color or face   6.(a) Single, married, widowed, or divarced	MEDICAL CERTIFICATION
Fremala Stritte Married	20. DATE OF DEATH 200. 5th 19 5. 7. at 3. 4
In I all a mording	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(b) Name of husband or wite full Manual State of his Anti-	10-8:47 19 10/1-5- 19 47
7. Birth date of	s and that I last saw h. (2) alive on (5) - 2 - 7 ] 19
deceased (mo., day, yr.)	
8. AGE: Years Months Days If less than one daymin	Importate cause of death or
on 11 dall mentor	77 /
9. Birthplace fill the first (Town, county, and state)	Con 10
10. Usual occupation School Teacher Sold Sold	Dus to.
11. Industry or business Alegans (W. Jawas Sich	4 2 5 5
12. Name Daniel Taken	Other conditions
	(Include pregnancy within 8 months of death)
# 14. Malden name Dellage Laysvels	Major findings of operations
14. Maiden name Budget Bysues  15. Birthpiaga Eichthorn	Date of op.
mind a Co Martinada	Actorsy results.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address // Walana, Iva	22. VIOLENCE: If death was due to external causes, fill in the following;
(Buriai, cremation, or removal. Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
14 (h-1, cel 3 / 1, 1, 2	Where did injury occur? (City or town) (County) (State)
Cemetery or crematory	injured at home, farm, industry, public place (where?)
Location find a definition of the contraction of th	•
18. Funeral director L. Coschhoun	Means of Injury tnjured at work?
Address Linacoping, And	Ce Zhin
of the Alina Rival	23. SIGNATURE M. D. or other
19. (Vate rec'd by registrar)  Registra	f Address Cumphiland had Date sterned / 6 - 4



tem of information carefully. The correct age causes of death clearly and legibly.

MARGIN RESERVED FOR

PLEASE WRITE PLAINLY, is especially

#### MARYLAND STATE DEPARTMENT OF HEALTH

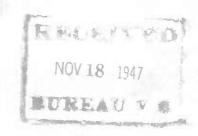
2411 N. Charles St., Baltimore

930

#### CERTIFICATE OF DEATH

Reg. Dist. No.

How long in above place of Hospital, Institution, or st Alleg How long in hospital or in 3. (a) FULL NAME	derland	leath occurred y Infi 6 yr	enna	2.(a) If veteran, name war	Alle gan J substy Alle gan J ts, write RURAL and give n te LOCATION)  3. (b) Social Security None	earest town)
Femal e	5. Color or race Whit		s, married, widowed, or divorced Single	.,	ERTIFICATION	7 , 30
6.(b) Name of husband or	wife		c) If alive, give ageyears	21. I CERTIFY that death occurred on the date at DEC. 19	46 10 hors.	19 47
8. AGE: Years	Months	Days 20	tf less than one day	Immediate cause of death dial 40	eilere.	2 423
10. Usual occupation  11. Industry or business  12. Name	None Patrick	McKen Irel	na	Due fo		
14. Maiden name	nauteti	Irel		Major findings of operations		
	Allegar Cumberl		ty Infirmary	Autopsy results	which death should be charge	
17Bur. ia. 1 (Burial, cremation, c	St. Gab Barton,	Date there ori el's Md. th S.	Nov . 15 , 1947 (month) (day) (year) Cen .  Bcal	22. VIOLENCE: If death was due fo external confidence.  Accident, suicide, or homicide	(County) where?)	(State)
19. Nov . 14,	19 47	W. F	R. Frantz, M.D.	23 SIGNATURE	A	or other 11-14-47





PLEASE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0965

# CERTIFICATE OF DEATH

Reg. Dist. No. .....9

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	(h) d
City or fown	to with I
How long in above place of death?	(If outside city or town limits, write RUPAL and give nearest town)
Hospital, Institution, or sfreet address where death occurred:	Street No. 439Nmm Qu
The state of the s	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mickey	
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
(And b)	20, DATE OF DEATH 1977 19.4.9, at 8 M
JAMES V	21. I CERTIFY that death occurred on the date above stated; that I aftended deceased from
6.(b) Name of husband or wife	11. 1 Shirt indicate of the control
	and fhaf I last saw h A alive on 2227 7 19.47
7. Birth date of deceased (mo., day, yr.) November 7 - 1947	Immediate_cause of death
8. AGE: Years   Months   Days   If less than one day	James Vi Com
.9hrsmin.	
and alle Co and	Due to Allegantin Previous & and
9. Birthplace(Town, county, and state)	996 (
10. Usual occupation.	Due to Carlo
11. Industry or business	
	Other conditions Amenday
12. Name Hills Rule Hill Rule Hills Rule Hills Rule Hill	Control 6
	(Include pregnancy within 3 months of death)
HE 14. Maiden name Machel Misson  15. Birthplace M	Major findings of operations.
₹ 15. Birthplace	Bate of op.
18. Informant Jackson Michael	Antopsy results
Address 139 W Wain So trans	
17 Burial Date thereof 11-8-47	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident suicide, or homicide
17. Date thereof (month) (day) (year)	Accident strong of temperature
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Star Rt Garrett Co Frostlerers	Injured at home, farm, Industry, public place (where?)
Granial Min Komin	Means of Injury Injured af work?
18. Funeral director	1 120 0 12 1.
Address 139 W. Main St. Glastling. Mg	23. SIGNATURE M. D. or other
11-8 14) Vin Nauge N. Rose	7 1 1 8 04 15
(Date rec'd by registrar) Registrar	Address Address Dafe signed Coll B.

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NOV 10 1947

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DR.	FAW	34
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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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					4
Reg.	Dist.	No.			/

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County ALLEGANY				State MARYLAND County ALJEGANY  City or town WESTERNPORT, MD.  (If outside city or town limits, write RURAL and give nearest town)			
City or town. CUMBERLAND, MARYLAND (If outside city or town limits, write RURAL and give nearest town)							
How long in above place of death?				(If outside city or tow	wn limits.	write RURAL and give nearest town)	
Hospital, institution, or street address where death occurred:				Street No			
			PITAL	(Ifrui	(If rural, give LOCATION)		
		PAY DAY	S	2.(a) If veteran, name war	2.(a) If veteran, name war		
3. (a) FULL NAM	1E					3. (b) Social Security Number	
	JOHN B. MI	LLER				None	
4. Sex	5. Color or race 6.(a)Single, married, widowed, or divorced				MEDICAL CERTIFICATION		
MALE	WHITE		MARRIED	20. DATE OF DEATH NOV. 20	0, 1	947 19 2:40P	
6.(b) Name of husband or wife BERNICE RECKLEY MILLER					21. I CERTIFY, that death occurred on the date above stated: that I attended deceased from Clocker 1947, 10 Nov 20 1947		
				October 1			
7. Birth date of Till W 7 7 1800				and that I last saw halive on	No	√ → 0 19 ¥ 7	
deceased (mo., day, yr.) JULI 1, 1995				Immediate cause of death			
8. AGE: Year	rs Months	Days	If less than one day	Paraplegia - a	yung	to spend 1918	
54 - 79hrsmin.				in. cord 1918-	wi	a according	
tayette Course Pennsylvania				Due to rearrange unf	ectro	Spontavenus	
(Town, eounty, and state)				Vesico - apolon	unal	and here - neetet	
10. Usual occupation				Due to figtulae . B	late	tral prys nephroses,	
11. Industry or busine	ess			I Folat tergen	سف	/ 2 unels	
至 12. Name CH	HARLES MII	LER		Other conditions			
12. Name CHARLES MILLER  13. Birthplace   12. Name CHARLES MILLER  13. Birthplace					**********		
				(Include pregnancy w	vithin 3 m	Grants to	
H 14. Maiden name Muauda Parfiell W 15. Birthplace West Juginia				Major findings of operations	Major findings of operations and the desire and the		
E 15. Birthplace West guagnes				- ulcusted then	Date of op.		
16. Informant Memorial to special				Antopsy results			
Address Clemberland, Md.							
17 Busial Date thereof 121. 23, 1947				22. VIOLENCE: If death was due to external causes, fill in the following:			
(Burial, cremation, or removal) Which?)  Date thereof				Accident, suicide, or nomicide			
Cemetery or crematory Capland				Where did injury occur? (City or town) (County) (State)			
Location Capland Md.				Injured at home, farm, Industry, public place (where?)			
on Ha elt in slock				Means of injury Rolls slile in miletinjured at work? yes.			
18. Funeral director							
Address I william - W				23. SIGNATURE. M. D. or other			
19. Mod.	22,1947	w	R. Frautz M	A: Cumbelo	ud	well note signed 11 - 22 -x	
Date rec'd by I	registrary/		Regist	MA II AUGIESS			

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Meens of Injury

23. SIGNATURE

Address J....

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12. Name. 13. Birthplace

14. Maiden na 15. Birthplace 14. Maiden name

WRITE 03

18. Funeral director Address Registrar (Date rec'd by registrar)

3. (b) Social Security Number 21. I CERTIFY that death occurred on the date above stated; that, I attended deceased from DURATION (Include pregnancy within 3 months of death) Major findings of operations. PHYSICIAN: Please underline the cause to which death should be charged statistically 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Where did Injury occur? ..... (City or town) (County) Injured at home, farm, industry, public place (where?) ..... Injured at work?

...... Date signed.

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MARGIN RESERVED FOR BINDING

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED (For newborn infants give residence of mother)	
county Allegany		(many)
City or town. 122 South Center St Cu		
low long in above place of death?	(If outside city or town limits, write RURAI	L and give nearest town)
Hospital, Institution, or street address where death occurred:	ORIO Street No. Scotch Hill	
122 South Center St. Med	(If rural, give LOCATION)	
How long In hospital or Institution?		
3. (a) FULL NAME	3. (b) Soc	ial Security Number
J. Newton Morgan  5. Color or race   6.(a) Single, married, wido	216-	-05-5752
4. Sex 5. Color or race 6.(a) Single, married, wido	, or divorced MEDICAL CERTIFICA	TION
male white single	2D, DATE OF DEATH NOV. 21	19 47 at 4 55P
6.(b) Name of husband or wife	10 10	
6.(c) It alive, give	years and that I last saw h im all Dead Nov. 2	1 19 14.
deceased (mo., day, yr.) July 2, 1884	Immediate cause of death.	
8. AGE: Years Months Days If less than	Runtured aortic aneurysm	at once
63 4 19	min. syphilitic [1/6/47 ale	ý
9. Birthplace Lonaconing Md (Town, county, and state)		
10. Usual occupationBlacksmith	Due to	***************************************
11. todustry or business Coal Mines		······································
Esau Morgan  13. Birthplace England	Other conditions	
₹ 13. Birthplace England	(Include pregnancy within 3 months of death	
14. Malden name Rebecca Rinker 15. Birthplace Virginia	Major findings ol operations	
Virginia Virginia	Major hadings of operations	
15. Informant Charles K. Morgan		
	PHYSICIAN: Please underline the cause to which death should	ld be charged statistically.
Address Lonaconing, Md	22. VIOLENCE: It death was due to external causes, fill in the fo	ollowing;
(Burial, cremation, or removal, Which?)	(day) (Mear) Accident, suicide, or homicide	
Cemetery or crematory Oak Hill Cemme		
Location Lonaconing, Md		d at work?
18, Funeral director Louis Stein, Inc.	Deputy Medical Examiner	
Address Cumberland Md	II II Domina II de	Daning 145
	to m & 23. SIGNATUREH. V. Deming M. D. H.	M. D. wher
19. Mad. 7 4 19. 47 W.A. Sa. (Date rec'd by registrat)	Registrar Address Cumberland Md.	

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DEC 3 1947

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PLEASE WRITE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09656

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
3. (a) FULL NAME	2. 01 / 3. (b) Social Security Number
4. Sex   5. Color or race   6. (a) Single, married widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH.  13. 47.21
6.(b) Name of husband or wife And And Angles age years  T. Birth date of deceased (mo., day, yr.) Anna 30 1869	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from  19.4
8. AGE: Years Months Days if less than one day  78 4 13	Immediate cause of death Government Tolors  Cerebrol Hacuserley Zolor  Due to  Due to
9. 8irthplace	Due to
12. Hame Tolorand Smallen  13. Birtholace Guland	Other conditions
14. Maiden name Amastroia Kelley: 15. Birthplace Ind	Major findings of operations.  Date of op.
Address  17. Burial, cremation, or removed Which?  (Burial, cremation, or removed Which?)  (Burial, cremation, or removed Which?)	PHYStCIAN: Please nuderline the cause to which death should be charged statistically.  22. Violence: if death was due to external causes, fill in the following:  Accident, suicide, or homicide
Location Daniel Control Contro	Where did injury occur?
Address  19. 700 / 4. 19 4 7 W.R. Frank, M.S. (Date rec'd by registrar)  Registrar	23. SIGNATURE M. D. or other,  Address Date signed 3 47.

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NOV 18 1947

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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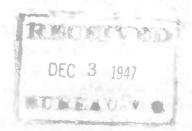
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CERTIFICAT	TE OF DEATH Reg. Diat. No
1. PLACE OF DEATH:  County Allegany  City or town Cumberland Md.  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  Allegany Hospital  How long in hospital or institution? 7. days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
3. (a) FULL NAME	3. (b) Social Security Number
Toleds Ogdeen  4. Sex   5. Color or race   6.(a) Single, married, wildowed, or divorced	232-36-5067
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female white divorced	20. DATE OF DEATH NO.Y
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; thet I attended deceased from 19
7. Birth date of deceased (mo., day, yr.) June 21-1925	and that I last saw her. Doed. Nov. 28
8. AGE: Years Months Days If less than one day 22 5 7hrsmin.	Portal(atrophic) cirrhosis of ?
9. Birthplace Passer Can Walvand State)  10. Usual occupation Waitre 32  11. Industry or business Pastauront	endocarditis.
12. Name Pay Ogden  13. Birthplace Randelp's Co. W. Va.	Other conditions Splenomegalia.  (Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations
17. Burial (Burial, cremation, or removal, Which?)  Oate thereof. Dec. (1, 1947. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory Trach Core Cemetery	Where did Injury occur?
1B. Funeral director. A Dona Jack Cove, W. Va.  Address Conferbulanced Land,	Injured at home, farm, industry, public place (where?)  Means of injury Deputy Medical Examiner injured at wark? Legany Oc.  23. SIGNATURE H. V. Deming M.D. H. V. D. M. D. or other
19. Mov. 28 19.47 WR-Drautzy M. D. (Dato rec'd by registrar) Registrar	Address Cumberland Md. Date signed 1.1. 28-4.7.

WITH UNFADING INK. Supply every item of information carefully. The corimportant. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY,

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09658

# CERTIFICATE OF DEATH

4

1. PLACE OF DEATH:  County		ther)  All Cod II de l'an der l'an de
3.(a) FULL NAME Walter Neville O'N	lea /	3.(b) Social Security Number None
4. Sex  S. Color or race  6.(a) Single, married, widowed, or divorced  Infant	MEDICAL CER	
8. AGE: Years Months Days It less than one day  9. Birthplace Rt #2 Wms. Road, Cum berland, Illeg, U.d.  (Town, county, and state)  11. Industry or business	21. I CERTIFY that death occurred on the date above to the state of death and that I last saw h	stated: that I attended deceased from to 19 // 19 // 19 // DURATION
12. Name. John Calvin O'Ned  13. Birthplace Breactop C. ty Panna.  14. Malden name. Pauline C. Flook  15. Birthplace Hagerstown Md.  16. Informant. John C. O'Ned	Other conditions	oths of death)  Date of op.
Address P+ Was Cd., Combevidad, Md.  17.  (Burial, cremation, or removal. Which?)  Cemetery or crematory.  Location.  18. Funeral director.  Address  Address  Camber Address  Address	22. VIOLENCE: tt death was due to external causes Accident, suicide, or homicide	, fill in the tollowing;
19. Nov. 8, 18 47 W. R. Frank, M.	23. SIGNATURE 3 3 Va Cu	M. D. or other



(State)

Date signed 11-10-4

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Dist. No. ..... 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) County. (If outside city or town limits, write RURAL and give nearest town) information carefully of death clearly and (If outside city or town limits, write RURAL and give nearest How long in above place of death?. Hospital, Institution, or street address where death occurred (If rural, give LOCATION) 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFIC. 2D. DATE OF DEATH ..... 21. I CERTIFY that death occurred on the date above stated: 6.(b) Name of husband or wite ..... 7. Birth date of deceased (mo., day, yr.) Days If less than one day 8. AGE: 76 IG INK. (Town, county, and atate) 10. Usual occupation ADIN( Physic 1t. Industry or business 13. Birthplace (Include pregnancy within 3 months of death) t4. Maiden na 15. Birthplace 14. Maiden name Major findings of operations ..... PHYSICIAN: Please underline the cause to which death should be charged statistically. PLAINL Address 22. VIOLENCE: It death was due to external causes, fill in the following: (Burlal, eremation, or Accident, suicide, or homicide..... Where did Injury occur? ..... RITE (County) (City or town) injured at home, farm, industry, public place (where?) .... Injured at work? Means of Injury 18. Funeral directo SE Address

Registrar

(Date ree'd by registrar)

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NOV 18 1947

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

ICAI	E OF DEATH	Reg. Dist. No.	
	2. USUAL RESIDENCE (HOME) OF (For newborn infants give esidence of m	DECEASED:	=
	Stale Copy	, allegany	,
own)	City or town(If outside city or town limits,	write RURAL and give nearest town)	
	Street No. (If rural, give I		
	2.(a) If veteran, name war		
W	1	3. (b) Social Security Number	
0	der	none	_
ed	MEDICAL CE	RTIFICATION	
	20. DATE OF DEATH Novembe	~ 4 1947 al 10P	M
	21. I CERTIFY that death occurred on the date above	e stated; that I attended deceased from	,
years		7 10 november 4 1947	
75		renche 4 1947	
	Immedial cause of death		
min.		udeles 2 yrs.	*****
nd.	Due to		
	Secondary and	mia -	
	Due to		
	Other conditions		
ma,	(Include pregnancy within 8 me	onths of death)	_
10	Major fiediogs of operations		
ra_		Daie of op	
md	PHYSICIAN: Please underline the cause to whi		_
957	22. VIOLENCE: If death was due to external caus	es, fill in the following;	
year)	Accident, suicide, or homicide		•••••
·/····	Where did injury occur?		*****
	injured at home, farm, industry, public place (who		••••
	Means of Injury	injured at work?	_
ma	23. SIGNATURE . C. AL	all M.D.	
Registrar	Address Frost lung	M. D. or other  Date signed	, ,
			_

age Supply every item of information carefully. The care ease write the causes of death clearly and legibly. 1. PLACE OF DEATH: How long in above place of death?..... Hospital, institution, or street address where death occurred: How long in hospital or institution?... 3. (a) FULL NAME 4. Sex 5. Color or race 6,(b) Name of husband or wife..... . 6.(c) If allve, give age ..... 7. Birth data of deceased (mo., day, yr.) tfless than one day 8. AGE: Months Days DING INK. (Town, county, and state) 1D. Usual occupation..... 11. Industry or business 12. Name ..... 13. Birthplace 14. Malden na 15. Birthplace WITH import 14. Malden name PLAINLY, V is especially 16. Informant Address (Burial, cremation, or removal, Whieh?) WRITE Cemetery or cremetery..... tB. Funeral director..... ASI Address

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(Date ree'd by registrar)

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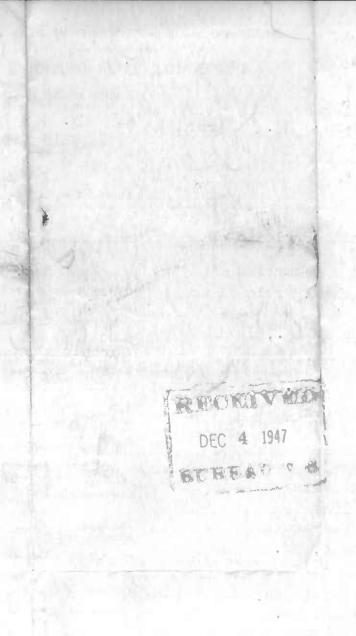
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

09662

County		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
		State Md. County Allegany  City or town Vale Summitt  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) It veteran, name war.				
3. (a) FULL NAM						Later Barb
					3. (b) Social Security N	umber
4. Sex	rs. Grac	e Prv	le, married, widowed, or divorced	MEDICAL C	ERTIFICATION	1
				MEDICAL C	ERIFICATION	,
female	white	ma.	rried	20, DATE DE DEATHNOV. 25	19.4.7.,	at.950P.
			ryle	21. I CERTIFY that death occurred on the date ab		
7. Birth date of			c) it alive, give ageyears	and that I tast saw her allead		
deceased (mo., day,			., I874	Immediate cause of death		DURATION
8. AGE: Years		Days I9	If less than one dayhrsmin.	Chronic rheumatic	myocarditis	severa
10. Usual occupation 11. Industry or busines	House W	ork	state)	Due to		
				Other conditions. Hypertentio		********************
	Scotland	l		arteriosclerosis	months of death)	
14. Maiden name.  15. Birthplace	Janet I Scotlar	rving d		Major findings of operations.		
	Mrs. John Mt. Savas	* TOTAL	ette	Autopsy results		
Buris (Burial, cremation	a 1 n, or removal. Which?	Date ther	eot II/29/47 (month) (day) (year)	22. VIOLENCE: If death was due to external ca Accident, suicide, or homicide	Dato ot	
			.4	Injured at home, farm, Industry, public place (1		
18. Funeral director	J <sub>ecob</sub> H Frostbur	efer g, Md		Means of Injury Deputy Medical Exa 23. SIGNATURE H. V. Deming	Injured at work? miner - Alleg	any Oo
19 Date rec'd by	gistrar) 19.4.7	ven	new m Desmell	Address Cumberland Md.	Date signed.	1-25-47



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09663

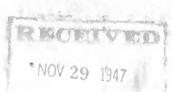
CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH:  County Allegany City or town. Westernport - rupal (If outside city or town limits, write RURAL and give Wearest town)  How long in above place of death? Pospilal, Institution, or street address where death occurred: 2 mi so of Westernport  How long in hospilal or Institution?  3. (a) FULL NAME  Anna Elizabeth Rembold	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland county Allegany  City or town
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Femalr White Widow	2D. DATE DF DEATH November 25 19.47 at 4:00pm
6.(b) Name of husband or wife Amos Rembold	21 ACERTIFY that death occurred on the date above stated: that attended deceased from
7. Birth date of D	and that I last saw h alive on 19.
deceased (mo., day, yr.) December 29 1879  8 AGF- Years Months Days Fless than one day	Jamedian cause of death DURATION
8. AGE: Years Months Days Triess than one day  67 10 26hrshrs.	Sulma Flema Cap
9. Birlhplace Petersburg Grant W. Va.  1D. Usual occupation Domestic  Own home	Report Smo
11. Industry or business  Woses Weese  12. Name Moses Weese	Other poditions M. A. DING
	(Include pregnancy within 3 months of death)
14. Maiden name Mary Bensonhaver to known	Major findings of operations
16. Informant arl Leatherman	Autopsy results
Address Westernport, Md.    17   Burial   Burial	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cemetery or crematory RNXINK emetery Queens Poin	Where did Injury occur?
Location Neyser, W. Va.	Means of Injury Injury 2t work?
18. Funeral director Ellsworth S. Boal	wans of many
Address Westernport, Md.	23. SIGNATORE M. D. or other
19 19 19 47 19 19 19 19 19 19 19 19 19 19 19 19 19	Address Jeslev see 42 Date signed 78 4

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WRITE PLAINLY, is especially

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The or is especially important. Physicians: please write the causes of death clearly and legidly.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County ADMCEGOVOU	(Mariland Alleman
City or town if obtaide city or town limits, write RURAL and give nearest town)	State And Against Accounty Add All Many
How long in above place of death?	City or town (14 outside city or town limits, write BURAL and give nearest town)
How long in above place of death	Property of the start
Jahren Cha Stillt	Street No
How long in hospital or institution?	2.(a) If veteran, name war
The state of the s	II.
3. (a) FULL NAME Phillips Michary	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, Married, widowed, or ill vorced	MEDICAL CERTIFICATION
Female Write Hidowed	20. DATE OF DEATH. 25.15 A. M
On the mare Biolinad	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife.	Oct 22 19.47 10 MITT 11 19.47
7. Birth date of years	and that I last saw h & alive on MATE 1 st 19 47
deceased (mo., day, yr.) 00 24/854	Immediate cause of death Carland I Hungahage DURATION
8. AGE: Years   Months   Days   It less than one day	
93 0 18hrs. min.	
a Distribution Imarming alleganista M	Lucia artiri o Selevier
9. Birihplace (Town, county, and state)	10.00 TO.00
10. Usual occupation Housewayk	
B	Due to
11. Industry or business (INV) France	
12. Name Shung Phillips 13. Birthplage Undangway	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Australia Francisco Australia	
01 - 100	Major findings of operations.
2 15. Birthplace (MANULAN VOV)	Date of op.
16. Informant And Alla	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address I maconina and	
17 Persial Bate thereof 1 NW 14 194	22. VIOLENCE: It death was due to external causes, till in the following:
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Can All Camplery	Where did Injury occur?
Location Town aconing, Ila	Injured at home, farm, Industry, public place (where?)
18. Funeral director An Fishhom	Means of Injury injured at work?
Address Pon as ouma a Mi	1 10 10 10 10
Channess The Control of the Control	23. SIGNATURE HUMY 1 TOOGS M. D. or other
19 Nov 10 1947 Janutle m goul	adding I make our of Mad Bate elegant to 17 1/4/1



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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		CERT	TFICAT	E OF DEATH Reg. Dist. No.	4
Allegany				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town				State Maryland County Allegany  City or town Cumberland (If outside city or town limits, write RURAL and give nearest town)  Street No. 115 Independence St  (If rural, give LOCATION)	
How long in hospital o	or institution?			2.(a) It veteran, name war	
3. (a) FULL NAM		y Susan Rizer		3. (b) Social Security Number 129-03-3041	er
4. Sex	5. Color or race	8.(a)Single, married, widowed, or c	divorced	MEDICAL CERTIFICATION	
Female	White	Married		2D. DATE DF DEATH	8 P
7. Birth date of		C. Rizer		21. I CERTIFY that death occurred on the date above stated; that I atjended deceased from 19 10 11 13 14 1 3 1 3	19
	Months  Seasant Vall (Town,	Days It less than one day  19 hrs.  Bedford Co.	Penna min.	Bue to Orlew Clerosin	DURATION
11. Industry or busines	ss C]	obaum Bros erk ed W. Rice		Due to	
13. Birthplace	Plesa	nt ValleyPa		(Include pregnancy within 3 months of death)	
14. Maiden name.	Louv	enia Tantlinger		Major findings of operations	
15. Birthplace	Lone	Tree, Lowa		Date of op.	
		izer		Antopsy results PHYStCIAN: Please underline the cause to which death should be charged statistic	catty.
17 Burial	n, or removal, Which?)	Date thereof (month) (da		22. VIOLENCE: It death was due to external causes, till in the tollowing;  Accident, suicide, or homicide	
		Hill Cemetery	/	Where did injury occur?	e)
Location	Chan	mberland, Md.		Injured at home, tarm, industry, public place (where?)	
18. Funeral director William H. Kight				Msans of Injury Injured at work?	
Address	Cumberla			23. SIGNATURE SKEET ROLD	
19. Mod.	/ (c. 19 4 7 egistrar)	we Frank	M. N Registrar	Address 4/14/47 NW Beeff M. D. or other	£

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)	
County	State Maryland County allegany	
City or town(If cutside city or town limits, write RURAL and prop nearest town)	16	
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)	
Hospitat, Institution, or street address where death occurred:	Street No. Alf rural, give LOCATION)	
no to the boundary facility lines	2.(a) If veteran, name war.	
How long in hospital or institution?		
3. (a) FULL NAME Chocke Gisentrout Poto	3. (b) Social Security Number	
4. Sex 5. Coloy or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION	
Gierrale White Lidowed	20. DATE OF DEATH NOW 1/ 1947 at	
Codward Bolon	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
6.(b) Name of husband er wife	non 8 1947 10 Non 11 1947	
7. Birth date of	and that I last saw held alive on Novi 9 19.4.7	
deceased (mo., day, yr.)  R AGE- Years   Months   Days   If less than one day	Immediate cause of death	
8. AGE.	arting schools /42	
/	Course Thrononer Twice	
9. Birthplace D. (Town, county, and state)	Due to	
10. Usual occupation. Atomaen alex		
11. industry or business Sur France.	Due to	
	Other conditions Sende demention	
12. Name Thanks coisentrout.		
M Ola Magana	(Include pregnancy within 3 months of death)	
14. Maiden name Un Ranown	Major findings of operations	
\$ 15. Birthplace Uniformity	Date of op.	
16. Informant Des Julian Control Contr	Autopsy results	
Address Highest Lanaconneg/W		
17 Burral Date thereof Nov. 13/1945	22. VtOLENCE: if death was due to external causes, fill in the following:  Accident, suicide, or homicide	
(Burial, cremation or removai, Which?)  Date thereof (month) (day) (year)		
Cemetery or crematory	Where did injury occur?	
Location That Conga Figure	Injured at home, Jacom, Industry, public place (where?)	
18. Funeral director Gili Quelliforn,	Means of Injury Injured at work?	
Address Lonaconing, Md	Thomas and telemen The A	
701 13 47 6 Non A-0	23. SGNATURE M. D. or other	
(Date rec'd by registrar)	Address Case Signed 11-12.87	



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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Q, Reg. Diat. No. ...

county Allegany	Z. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town Cresaptown (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 1 week	State W. Va. County Mineral  City or town Keyser (If outside city or town limits, write RURAL and give nearest town)	
Hospital, institution, or street address where death occurred:	Street No	
How long In hospital or Institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
Rufus Herman Rodruck	234 38 7804	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male white widowed	20. DATE OF DEATH NOV. 30th. 1947 21 10.A.	
6.(b) Name of husband or wife. Susan Nae Brown  7. Birth date of deceased (mo., day, yr.) May 11th. 1873	21. LCERTIFY that death occurred on the date above stated; the Pattended deceased from  184  and that Last saw h	
8. AGE: Years Months Days If less than one day 74 6 19hrsmin.	Immediate cause of death Del Lieu	
9. Birthplace Antioch, Mineral Co. W. Va.  10. Usual occupation Farmer  11. Industry or business  12. Name Benjamin Thomas Rodruck  13. Birthplace Burlington, W. Va.	Due to James Other conditions	
\(\frac{1}{2}\) 13. Birthplace Burlington, W.Va.	(Include pregnancy within 3 months of death)	
14. Malden name Jane Elizabeth Fout 15. Birthplace Arthur, Grant Co. W. Va.	Major findings of operations.	
16 Interment Mrs. John Chaney	- Date of op	
Address Cresaptown	Autopsy results	
17. Burial Date thereof Dec. 2nd. 47 (Burial, cremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	
Cemetery or crematory Queenspoint	Where did injury occur?	
Location Keyser, W.Va.	Injured at home, farm, industry, public place (where?)	
18. Funeral director, N. H. Rogers	Meens of Injury Injured at work?	
Address Keyser, W. Va.	73. SIGNATURE M. D. or other	
19. (Date rec'd by registrar)  (Date rec'd by registrar)  Registrar	Address Releas Long IMa Date signed 2 - 1 - 4 T	

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1. PLACE OF DEATH: County ... ALLEGANY

3. (a) FULL NAME

MALE

7. Birth date of deceased (mo., day, yr.)

10. Usual occupation. 11. Industry or business

14. Maiden na 15. Birthplace

8. AGE:

How long in above place of death?.....

SHAHAN BARY BOY

2 weeks 9. Birthplace ... MAR YLAND

Hospital, Institution, or street address where death occurred: MEMORIAL HOSPITAL

WHITE

Months

WEST VA.

14. Maiden name.....CALHOUN.....VIOLA

6,(b) Name of husband or wife.....

12. Name .....SHAHAN, ARRALY....

(Burial, cremation, or removal, Which?

City or town CUMBERLAND (If outside city or town limits, write RURAL and give nearest town)

How long in hospital or institution? 9 hrs. 10 min.

26,1947

(Town, county, and atate)

6.(a) Single, married, widowed, or divorced

If less than one day

.....hrs.

Registrar

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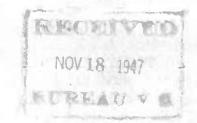
## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

E OF DEATH	Reg. Diat. No.	
2. USUAL RESIDENCE (HOME) O (For newborn infants give residence of	OF DECEASED:	
State MARYLAND Con	unty GARRETT	
Cily or townOAKIAND	s, write RURAL and give neareat town)	•••••
Streel No.		
2.(a) If veteran, name war	LOCATION)	1
ALCO II TOLOIGII, IIIII C NAI		
	3. (b) Social Security Number	
	Glore	
MEDICAL C	ERTIFICATION	0
20. DATE OF DEATH. ALLOW 9	The 1947, at 71	04
21. I CERTIFY that death occurred on the date abo	ove stated; that I attended deceased from	
Acor 9th 19	47 10 Mer 9 - 19	47
and that I last saw h alive on	of que	4.7.
Immediate cause of death	DURAT	ION
$\bigcirc$ ' $\bigcirc$		
Timora Vill	mura 3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Due to. (1-16.0)	Ja	cery
Due 10.		1
Donata		
Due 10		
Ding quital	hard December -	1,
Dther condition	Thewellias 2 m	Ks
(Include pregnancy within 3	months of death)	
Major findings of operations		
	Date of op.	
Autopsy results		
PHYSICIAN: Please underline the cause to wi		
22. VIOLENCE: If death was due to external cau	uses, fill in the following:	
Accident, sulcide, or homicide	Date of	
Where did Injury occur?		
Where did Injury Occur?(City or town)		
Injured at home, farm, industry, public place (w		
Meane of Injury	Injured at work?	
06 9 (1)	11000 1110	
23. SIGNATURE	wells with	



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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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#### CERTIFICATE OF DEATH

CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH:  County (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (Eog newborn infants give residence of mother)  State  County  City of town  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) It veteran, name war.
3. (a) FULL NAME  Charles Linkton  4. Sex  5. Color or race 6. (a) Single, married, windowed, or divorced  Parle Marte Brance	3. (b) Social Security Number  Manholhes  MEDICAL CERTIFICATION  20. DATE OF DEATH SOCIAL 15 19 47, at 5 50 P. N
8. AGE: Years Bonths Days If less than one day hrs. min.  9. Birthplace	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. 7. to 19. 4
10. Usual occupation	Other conditions  (Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.
Address  17	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
19. Nod. 17. 19.47. Millianning	Address 4/ Prender, Date signed m. 17.94;

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WITH UNFADING INK. Supply every item of information carefully. It important. Physicians: please write the causes of death clearly and legit

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St. Baltimore

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-/		CERTIFICAT	TE OF DEATH Reg. Dist. No
How long in above place	BRLAND  outside city or town line e of death? The street address where the company of the city of the	eath_occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother) PA.  State
3. (a) FULL NAM	E		3. (b) Social Security Number
SHROYER	, EVELYN	MISS	213-24-5357
4. Sex FEMALE	5. Color or race WHITE	8.(a)Single, married, widowed, or divorced SINGLE	MEDICAL CERTIFICATION NOVEMBER 22, 1947, at 10:15
7. Birth date of deceased (mo., day.  8. AGE: Year  25  9. Birthplace PA.  1D. Usual occupation  11. Industry or busine	Hyndm CELANES CELANES ROYER WAI PA.	Bedford Co. Pa.  Bedford Co. Pa.  County, and stote)  Be or p, or Umerica  TER	Due to
Address  17. Our 1. (Burial, crematic Cemetery or crema Location	n, or removed. Which? hory. Hynd adenders. Maman 26, 19.47	Dale thereof Nov. 26, 1945  man Comps  They Bedford Comps  Leader  Manual Registrate  Registrate	PHYSICIAN: Please noderline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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### CERTIFICATE OF DEATH

Reg. Dist. No...

1. PLACE OF DEATH: ALLEGANY			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County			State MARYLAND County ALLEGANY	
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 34 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			City or town (If outside city or town limits, write RURAL and give r	annet form
Hospital, institution,	street address where d	eath occurred:	Street No. 801 LABAYETTE AVE.	
MEMORIAL	1 HOSETTAL	AVC	(If rural, give LOCATION)	******************************
How long in hospital		AIO	2.(a) It veteran, name war	
3. (a) FULL NAM			3. (b) Social Securit	y Number
	SMALLWOOD			
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
MALE	WHITE	WIDOWER	20. DATE OF DEATH. NOVEMBER 9, 19 4	7, at 1:43P m
6.(b) Name of husband	d or wife ANNA	REESER	21. I CERTIFY that death occurred on the date above stated; that I attended de	
***************************************			0/-0- / 9	19 47
7. Birth date of deceased (mo., day,	yr.) MAY 1,	1875	and that I last saw harmalive on	DURATION
8. AGE: Yea	rs Months	Days It less than one day	Carlenous of segund calor	
72	6	8min.	with metastania to	
9. Birthplace	VA. Ja	gunty, and state)	Due to Living	ullum
1D. Usual occupation	0 '7	Janey, and state)		****
11. Industry or busine	Va. 0	- U.M.C.A.	Due to	
73	MALLWOOD,	CHONCE Franklin.	Other conditions	****
12. Name MARYLAND Taulden MARYLAND			Other conditions	
-	Ama Vis	to	(Include pregnancy within 3 months of death)	. 0
14. Maiden name	115		Major findings of operations.	diamed
MEN	MORIAL HOS	PITAL	Antopsy results.	-4-7-1-1-7-4-4
16. Informant	BERLAND.	MRYLAND	PHYSICIAN: Please underline the cause to which death should be charge	d statistically.
Bush	e O	71-0- 17 19117	22. VIOLENCE: It death was due to external causes, fill in the tollowing:	
(Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)			Accident, suicide, or homicide	
Cemetery or crematory Tellerest Comelley			Where did Injury Occur?	
Location Cumberland Tyd			Injured at home, farm, Industry, public place (where?)	
18. Funeral director Dolon J. Holan			Means of Injury Injured at work?	
Address Cyclicher land			Websman &	m 19.
Della State on A			23. SIGNATURE M. I	or other
19, Date rec'd by registyar) 19 47 WR. Delang, William			Address & Washington Sty and Date signe	Nov. 9, 1947

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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	CERTIFICATE OF DEA	TH Reg. Dist. No.
1. PLACE OF DEATH:  County (If outside city or town limits, which ktork how long in above place of death?  How long in above place of death?  Hospital institution, or street address where dealh occurred:	(Eof hewborn in Slate.)	County County County (If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veleran, name w	ar
3. (a) FULL NAME Anna Roya	Smith	3. (b) Social Security Number
Hemale White Mrs. 6.(6) Name of husband or wife Hanny L.	20. DATE OF DEATH.	MEDICAL CERTIFICATION  19. 47, at
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days	878 and that t last saw h	our.
9. Birthplace	Alleg Co., Md Oue to 2	robets meeting 3-
11. Industry or business  HI 12. Name / / / / / / / / / / / / / / / / /	Other conditions	de pregnancy within 3 months of death)
14. Maiden name Carsline 15. Birthplace	Major findings of oper	ations
Address Carnella Dale thereof	PHYSICIAN: Ptease u  22. VIOLENCE: If dea	adertine the cause to which death should be charged statisticatly th was due to external causes, fill in the following; nicide
Cemetery or crematory	Where did Injury occur	(City or town) (County) (State) ndustry, public place (where?)
18. Funeral director. A. Mis. Striss.	9 me Means of tnjury	Injured at work?
TO TUNE AT UNECTO		C desans

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland  County Allegany  City or town Cumberland (If outside city or town limits, write RURAL and give nearest town)  Street No. 145 Hanover St (If rural, give LOCATION)  2.(a) If veteran, name war.
3.(a) FULL NAME Annie Clorie Snyder	3. (b) Social Security Number None
4. Sex Female White Married Married	MEDICAL CERTIFICATION  20. DATE OF DEATH
6,(b) Name of husband or wife Samuel Snyder  5.(c) If alive, give age 72 years  7. Birth date of deceased (mo., day, yr.) Aug. 8, 1874  8. AGE: Years Months Days If less than one day  73 2 23 hrs. min.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. 19. 10. 19. 2.  and that I last saw h
9. Birthplace Hancock, Washington, Maryland  10. Usual occupation. Housewife  11. Industry or business  12. Name Jack Easton  V. 13. Birthplace Maryland  14. Maiden name Catherine Scruble  15. Birthplace Maryland  Mrs. Lucy Butler	Due to
16. Informant Mrs. Lucy Butler  Address 145 Hanover St., Cumberland, Md.  17. Burial 18. Funeral director H. Wayne George  Address Cumberland, Md.  19. Nov. 3 19. 45 WA. Tauth M. S.  Registrar  Registrar	Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Whers did injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Mesns of injury  Injured at work?  23. SIGNATURE.  M. D. or other  Address.  Date signed.

Street Smooth

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information carefully of death clearly and

ADING INK. Supply every item of Physicians: please write the causes

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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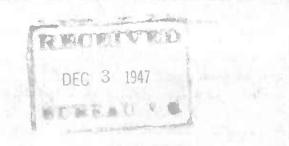
# CERTIFICATE OF DEATH

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	Reg. Dist. No	
1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town	State Md. County Allegany Cumberland	
Hospital, institution, or street address where death occurred:  Memorial Hospital Cumberland Md.  How long in hospital or institution? Dead on arrival	Street No. 421 Homer St.a. (If rural, give LOCATION)	
3.(a) FULL NAME Anzie Stafford	3. (b) Social Securit	ly Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female white single	2D, BATE OF DEATH NOV. 30	7at.8.45P
a (A) No of bushood on wife	21. I CERTIFY that death occurred on the date above stated; that I attended do	oceased from
B.(b) Name of husband or wife		
7. Birth date of	and that I last saw h.er. all Dead Nov. 30	19.4.7
deceased (mo., day, yr.) July 21, 1940	Immediate cause of death	a b outstion
. AGE: Years ( Months   Days   If less than one day	Diptheria	
7 4 N Thrsmin		
9. Birthpiace MM Per all (Town, county, and state)	Bue to.	
1B. Usual occupation	Due to	
12. Name Stafford 12. Name Stafford 13. Birthpiate Sumberland, Md.	Other conditions no doctor	
	(Include pregnancy within 3 months of death)	
Marana da la Da	Major findings of operations.	
	Bate of op	
16. Informant Mrs. Cenneth Chancy	Autopsy results	ad statistically
Address 421 Homes In Soumberless		ed statisticany.
B 0 10 194	VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremstion, or removal. Which?) (month) (day) (rear)	Accident, suicide, or homicide	
Cemetery or crematory Mt. Alman Cemeters	Where did injury occur? (City or town) (County)	
Location Wear Cumberland Ma	Injured at home, farm, industry, public place (where?)	
18. Funeral director John J. Hafer	Means of injury injured at work?  Deputy Medical Examiner - All	legany O
Address Coumberland Mot m	23. SIGNATURE H.V. Deming M.D. H. V. 2	D. or other
(Date rec'd by registrar) 19 47 W.R. Nawy Registra		

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

Reg. Dist. No.

A. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county	(For newborn infanta give residence of mother)
City or town Crm Derland	State Mdry Idnd County Alegony
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of dealh?	City or town Comberland
Hospital, institution, or street address where Beath occurred:	(If outside city or town limits, write RURAL and give nearest town)
320 Batimore Avenue	Sireel No. 320 Baltimore Avenue
How long in hospital or institution?	(If rural, give LOCATION)
	2.(a) If veteran, name war
3.(a) FULL NAME Ella Frances Tritch	3. (b) Social Security Number
	Hone
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
temole White Single	
	20. DATE OF DEATH Maxem Ser 25 19 47 31 11:30 P.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I affended deceased from
	19 /
7. Birth date of deceased (mo., day, yr.) April 4 1862	and that I last saw the alive on 19.4
8. AGE: Years   Months   Days   tf less than one day	Immediate cause of death DURATION
95 7 21	/400
1 1 1 1 1 1	
9. Birthplace Cum Devland, Allegany, Maryland	Due to
Potrice unity, and state)	
10. Usual occupation Ket ived Dress ma Kov	Due to Coleman Delevery
11. Industry or business	
E 12. Name Henry Tritch	Dither conditions
12. Name Henry Tritch  13. Birthplace Conserland, Md.	
# //a. \$	(Include pregnancy within 3 months of death)
14. Malden name Unit Morrison  15. Birthplace	Major findings of operations.
∑ 15. Birthplace	- Date of op.
16. Intermant Grace Wright	Autopsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 320 Baltimore Aug. Craberland Md	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)  Daie thereof (month)/(day) (vear)	
, , , , , , , , , , , , , , , , , , ,	
Cemelery or crematory 15050 Fill Cemetery	Where did injury occur? (City or town) (County) (State)
Location CVM Der dnc, Maryland	Injured at home, farm, industry, public place (where?)
18. Funeral director.	Meens of injury Injured at work?
0 100 105	
Address Cuntral and Maryland.	or course canyl turns
10 TIM. 28 10 47 West March MIN	23. SIGNATURE
(Date rec'd by registrar) Registrar	Address Date signed 28/X7



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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

Reg. Dist. No.

/			
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)		
County Allegany	State Md County Allegany		
City or town			
How long in above place of death? 70 mas.	Climber land (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death-occurred:	Street No. 528 Maryland Ave.		
Memorial Hospital, Cumberland Md.	(If rural, give LOCATION)	*******	
How long in hospital or institution? about 2 hours	2.(a) ft veteran, name war # 11/9/14 17 97		
3. (a) FULL NAME	3. (b) Social Security Number		
Raymond Kelly True	705-09-9697	2	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male white married	20. DATE OF DEATH	iOP.M	
6.(b) Name of husband or wife. Bustin Boadan	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	1 6	
7. Birth date of	and that I last saw h. im. all Dead Nov. 27		
deceased (mo., day, yr.) July 27 1894	Immediate cause of death.		
8. AGE: Years Months Days If less than one day	Apoplexy, cerebral hemorrhage abo		
53 4hrsmin.		ırs.	
1 (44 )	Due to hypertention abo		
9. Birthplace		r.	
10. Usual occupation Car Repair helper		da.,0	
11. Industry or business B. & O R. Ry.	Due to		
12. Name Eds N. Jrse Pa.  13. Birthplace	Other conditions		
	(Include pregnancy within 8 months of death)		
# 14. Maiden name nandha Danlaud	Major findings of operatious.		
14. Maiden name hantha handand 15. Birthplace	Date of op.		
Como Rena Del 15 Grand	Autopsy results		
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Osmikiano Foo.	22. VIOLENCE: It death was due to external causes, till in the tollowing:		
(Burial, cremation, or removal, Which?)  Date thereot. (month) (day) (year)	Accident, suicide, or homicide		
8 - 41.100.	Where did Injury occur?		
Generally of Crematory			
Location Cumberland ma	Injured at home, tarm, Industry, public place (where?)		
18. Funeral director this Stune 200	Means of Injury  Deputy Menical Examinet Injured at work? 110gany	-09	
Address combilling, Mg.	23. SIGNATUREH. V. Deming M.D. H.V.	1.2	
19. Date rec'd by registrar) 18.47. W.R. March, Registrar	Address Cumberland Md. Date signed 11-27	-47	

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No.

County		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland.  County Allegany  City or town.  Cumberland (If outside city or town limits, write RURAL and give nearest town)  Street No. 1 South Terrace (If rural, give LOCATION)  2.(a) It vetoran, name war.  3. (b) Social Security Number		st town)		
	Cha	rles	Lewis Valentin	e	None	
4. \$01	5. Color or race	6.(a)Singl	o, married, widowed, or divorced	MEDICAL C	CERTIFICATION	
Male	White	I	nfant	20. DATE OF DEATH NOV. 6	1947	6:30P. m
				THE UNITEDITION VIO	17, 10 MAT. 6	19/_
8. AGE: Yes		Days	It less than one dayhrsmin.	Word Doubles	aduia_	***********
10. Usual occupation 11. Industry or busin    12. Name	None Lewis W. Cumb	Vale	Md. state) entine id, Md. ford	Due to	3 months of death)	
H 14. Maiden nam			y, W. Va.	Major fiediogs of operations		
16. Informant	Mr. Lewis	. Vale	ntine berland, Md.	Actorsy results		
17. Buri	al	. Date the	reof Nov. 8,1947 (month) (day) (year)	22. VIOLENCE: It death was due to external c  Accident, suicide, or homicide	Date of	
			W. Va.			
			George	Meens of injury	Injured at work?	
Address	Cumbe	rland	Md.	23. SIGNATURE CONTRACTOR	M. Dor	3 M.D
19. (Date rec'd by	8 19 4 7	w	R. Ovaus, M. L. Registra	Address La Pale	Med . Dato signed	4/5/4



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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

1			
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOM	IE) OF DECEASED:	
County allegan	(For newborn infants give reside	ence of mother)	
City or town Cumberba	State W	County allego	my
(If outside city or town limits, write RURAL and give nearest town)	City or town	erland	1
How long in above place of death?	(If outside city or tow	n limits, write RURAL and give near	rest town
nospiral, institution, or sweet address where death occurred	Street No. 1213 Vus		
and the same of th	····· (if ruf	give LOCATION)	
How long In hospital or Institution? 4 days	2.(a) It veteran, name war		******************
3. (a) FULL NAME	0	3. (b) Social Security I	Number
Gordon Wal	lie	217-10-	7424
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICA	L CERTIFICATION	
Turle literto Turniel			015.0
00 4500	20. DATE OF DEATH	19 %	at
6.(b) Name of husband or wife tolara Willard	21. I CERTIFY that death occurred on the		1 7 1 1 1
8.(c) If allive, give age 51	Y2212	18 4/ 10 MOV · [	0_19 4/
7. Birth date of	and that I last saw h. And alive on	nov. 12	19
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   It less than one day	Impediate cause of death		DURATION
0. 1.00.	Carcinoma	ogall	
58 6 29hrs.	min. Isladden + a	addenum	(a mes
9. Birthplace Irbuton Ohio	Bue to		
(Town, county, and atate)		***************************************	********************
10. Usual occupation Cawer Clerky	Que to	***************************************	**********
11. Industry or business BXQ, Karload.	Oue to	••••••	***************************************
			***********************
12. Name Wallis  13. Birthplace	Other conditions		
2 13. Birthplace	(Include pregnancy wi	thin 3 months of death)	
14. Matten name Mattie Willis 15. 8irthplace Olico			
E 15 Sirthplace	Major fiediogs of operations		
Tuna (A. D. 11500)			••••••••••
16. Informant Color Color	Autopsy results.	·····	
Address 1213 Va loe Cumberland	PHYSICIAN: Please underline the cause	e to which death should be charged s	tatistically.
1. Bure 9 More 15-194	22. VIOLENCE: If death was due to exten	rnal causes, till in the following;	
(Burial, cremation, or removal, Which?)  Date thereof. (ponth) (def) (year)	Accident, suicide, or homicide,		
Cemetery or crematory Helcrest Cemeter	Where did Injury occur?(City or		60A-A-V
0.0000000000000000000000000000000000000			(State)
Location Lacoustic Control Con	Injured at home, farm, industry, public pi		
18. Funeral director	Means of Injury	injured at work?	15
Address Charle Pandl Had	(100	14444	16.1
nulless multivaries my	3 23. SIGNATURE	mmm.	1
19. 700 15, 18 47 W. Trants M.	0 0	lad had M. D. or	other
(Date rec'd by registrar)	trar Address Lemaler	(auc) 1 / Date signed	11-17-4

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town.  Cumberland  (If outside city or town limits, write RURAL and give nearest town)  How tong in above place of death?  Hospital, institution, or street address where death occurred:  Allegany Hospital  How long in hospital or institution?	State Maryland county Allegany  City or town (If outside city or town limits, write RURAL and give nearest town)  Street No. 216 Polk St.  (If rural, give LOCATION)
3. (a) FULL NAME	3. (b) Social Security Number
May Evans Webster	None
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widowed.	20. DATE OF DEATH NOV. 26, 19. 47 at 7:25A.
8.(b) Name of husband or wife G. W. F. Webster  6.(c) If affive, give age years  7. Birth date of deceased (mo., day, yr.)  Mar. 31, 1877	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. T
8. AGE: Years Months Days If less than one day 70 7 25hrsmin.	Henry Block multing
9. Birthplace Cumberland Md. (Town, county, and state)  10. Usual occupation Housewife  11. Industry or business	Bue to Due to
12. Name Edward Evans 13. Birthplace Wales	Other conditions
E 14. Maiden name Elizabeth Jones	(include pregnancy within 3 months of death)  Major findings of operations
	Bate of op.
16. Informant G. W. Francis Webster	Autopsy results
Address 17 Va. Ave. Cumberland, Md.  Burial (Burial, cremation, or removal, Which?)  Cemetery or crematory  HillCrest Burial Park	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Location Cumberland, Md.	
18. Funeral director Charles L. George	Meens of Injury Injured at work?
Address Cumberland, Md.	- 23 SIGNATURE By My Schwille my
19 M. Date rec'd by registrar) 19 4 7 LUR. Frank, M. D. Registrar	M. B. or other

information carefully of death clearly and ADING INK. Supply every item of Physicians: please write the causes BINDING MARGIN RESERVED FOR WITH UNF PLAINLY, V is especially

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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### CERTIFICATE OF DEATH

Reg. Diat. No. 4

	Aveg. Plate two minimum.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants prive residence of mother)
County	State AM County
City or town	11 Martinto
How long in above place of death?	City or town (11 outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurrent	Street No. 13.19 Park Rd & M.
Elligang Stropuse	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war.
3. (a) FULL NAME Carliste See Me	3. (b) Social Security Number
4. Say 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White Diroccol	20. DATE OF DEATH Soresales 20 1947 11 18
6.(b) Name of husband or wife. Bestrice a	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) It alive, give ageyear	15 194), 10 11/20 194
7. Birth date of	and that I last saw h. Leadive on #1 20 /4 ) 19
8. AGE: Years (Months Days It less than one day	Immediate cause of death
4.3 14 3hrsmin	Cacutaty / Statesha
73 7 0	
9. Birthplace	Due to
10. Usual occupation	Due to
11. Industry or business	_
12. Name May A. Newy Strapa	Diher conditions
	(Include pregnancy within 3 months of death)
# 14. Maiden name And Americal	Major findings of operations.
14. Maiden name gry Hansonk Va	Major radings of operations.
Con Desette Wood	Autopsy results.
16. Informant	PHYSICIAN: Please moderline the cause to which death should be charged statistically.
Address \$104 - 8 St - host, minger	22. VIOLENCE: It death was due to external causes, till in the following:
(Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	Accident, sulcide, or homicide
What him along to (1. (Dec.)	Where did injury occur?
Cemetery or crematory	
Location Mashington al. O.	Injured at home, tarm, Industry, public place (where?)
18. Funeral director The SH Things 65	Means of Injury Injured-of work?
Address Washnigh D.C.	John v. Kozum u D
11/20/ WA WA Trait M.	23. SIGNATURE M. D. or other
19. (Datorec'd by registrar) Registra	Address Address Date signed 1/20/4

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NOV 26 1947

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	E OF DEATH Reg. Dist. No	4
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State	earest town)
3. (a) FULL NAME	3. (b) Social Security	
Mrs. Mabel Welch	More	) 
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female white married	2D. DATE DF DEATH NOV. 29 19 4.7	1 1 7 200 p
6.(b) Name of husband or wife. Edward. Welch.	21. I CERTIFY that death occurred on the date above stated; that I attended dec	
7. Birth date of	and that I last saw h.er. all Daad Nov. 29	19.4.7
deceased (mo., day, yr.) Verruary / - / )	Immediate cause of death	DURATION
8. AGE: Years Months 9 Days If less than one day	Chronic Myocarditis	several years
9. Birthplace Oakland Md. (Town, county, and atute)	Due fo	
1D. Usual occupation housewife  11, Industry or business X	Due fo	
	Dther condition Hypostatic congestion	
12. Name Upton Cuppett 13. Birthplace Virginia	of the lungs. (Include pregnancy within 3 months of death)	days
E 14. Malden name Mary Elizabeth Welch	(Include pregnancy within 3 months of death)  Major findings of operations.	
2 15. Birthplace Unknown		
16. Interment Sold Margad Willem and City	Antopsy results	
Address  Burial  (Burial, cremation, or removal, Which?)  Address  Date thereof DeC a. 2, 1947  (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	
Cemetery or crematory Cemetery	Where did injury occur?	
Mt. Herman, Cumberland, Md	Injured at home, farm, Industry, public place (where?)	
18. Funeral director Novem 6 Welton	Maans of injury Modical Examiner all injured at work?	egany Co
Address O Coumber and Man	23. SIGNATUREH . V. Deming M. D. H. V. Deming	Jother Jother
19. (Date rec'd by registrar)	Address Cumberland Md. Date signed	11-29-47



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# MARYLAND STATE DEPARTMENT OF HEALTH

12411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

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p=1,	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
Qunity Many	State margland county allegany
(If outside city or town limits, write RURAL and give nearest town)	
low long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
ospital, insiltution or street address where death occurred:	Street No. 6/6 Monniel Mc
616 Smortreal are	(If rural, give LOCATION)
ow long in hospital or Institution?	2.(a) It veteran, name war
B. (a) FULL NAME	3. (b) Social Security Number
Nowthy mark	- Steph lone
See 5. Color or race B.(a) Single, matrices, widowed, or divorced	MEDICAL CERTIFICATION
Amale Morte Smale	20. DATE OF DEATH ANCINEL V.5. 19. 47, 21 6 A
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
(b) Name of husband or wife	Per. 10, 1947 10 7cm. 25, 194
. Birth date of	and that I last saw harmalive on the same of the same
deceased (mo., day, yr.)	Immediate cause of death
AGE: Years Month Days If less than one day	Certussia 15day
9 6hrs.	min.
Birthplace Cumberland Ind.	Due to Carollese French
(Town, county, and state)	
O. Usual occupation	Due to
. Industry or business	
12. Name I long of Ments	Dther conditions
13. Birthplace	
Comma Rimber	(Include pregnancy within 8 months of death)
14. Malden name	Major fiadiags of operations
15. Birthplace Community Ing	Date of op.
16. Informant 200 Florida	Autopsy results
Address & Imberland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Brasial Brist 11-84-	22. VIOLENCE: It death was due to external causes, fill in the following:
(Burial, cremation, or remove). Which?)  Date thereof (month) (day) (year)	
Cemetery or crematory. At many Oland	Where did injury occur?
Location Crankeland	Injured at home, tarm, Industry, public place (where?)
y . H. a.	Meens of Injury Injured at work?
18. Funeral director A Suso Sullissa	- & furrett
Address makeland	23. SIGNATURE
May 36 1047 West Frants m.	M. D. or other
(Date rec'd by registrar)	trar Address Date signed

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### MARYLAND STATE DEPARTMENT OF HEALTH

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E OF DEATH	Reg. Diat. No.
2. USUAL RESIDENCE (HOME (For newborn in ants give residen	E) OF DECEASED:
State Tud	county allegany
A COLLAPT A A A	limits, write RURAL and give nearest town)
Street No	give LOCATION)
2.(α) If veteran, name war	
4	3. (b) Social Security Number
le	220-07-6070
MEDICAL	CERTIFICATION
20. DATE OF DEATH MOV	27 1947 14:454
21. I GERTIFY that death occurred on the da	te above stated; that I attended deceased from
June	19 47 10 Mor 27 19 47
and that heast saw halive on	Nov 27 10 47
Immediate cause of death Sudden - due t	o heart
Cadri Jasi	lua 6 hrs
Due 10	
Dther conditions	
(Include pregnancy with	in 3 months of death)
Major fiediogs of operations	
Autopsy results	to which death should be charged statistically.
22. VIOLENCE: If death was due lo extern	
Accident, suicide, or homicide	Date of
Where did injury occur?(City or to	wn) (County) (State)
Injured at home, farm, industry, public place	
Msans of injury	Injured at work?

Good also		2411 N. Charles St., Baltimor
1	CER	TIFICATE OF DE
1. PLACE OF DEATH: County	93	Street No
3. (a) FULL NAME	alch James	white.
4. Sex 5. Color of Male WE  6.(b) Name of husband or wife	yabel Cermshio Mabel Mabel Mab	2D. DATE DF DEATH 21. I CERTIFY that 22. I death of the state of the s
9. Birthplace	Randolfel Co (Town, coursy, ford state)  Let Control  we for we we	Bue to Dither conditions.
14. Maiden name	ellen Helson Frankling W	Major fiediogs of  Autopsy results PHYSICIAN: Ple
Address  17	Bate thereof. May 2.  Which the Still Congress of the Still Congre	22. VIOLENCE: Accident, suicide, Where did Injury of Injured at home, for Msans of Injury
4100	.19 4 7 III Jan	23. SIGNATURE



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C. Supply every item of information carefully. The correplease write the causes of death clearly and legibly.

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTI	Reg. Dist. No.
1. PLACE OF DEATH: ALLEGANY County	(If outside city or town limits, write RURAL and give nearest town)  Street No
WILHELM ADA E. MRS.	3. (b) Social Security Number
4. Sex FEMALE  5. Color or race WHITE  6.(a) Single, married, widowed, or divor MARRIED	
6.(b) Name of hushand or wife. WILHELM JOHN O. DECEASED  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days II less than one day  71  9. Birthplace MARYLAND Multiple Maryland  10. Usual occupation.  11. Industry or business  6.(c) It alive, give age  7. Town, county, side states  11. Industry or business  6.7  12. Name  13. Birthplace MARYLAND  14. Maiden name  MC KENZIE MARTHA  15. Birthplace MARYLAND  16. WILHELM JOHN O.  8. AGE: Years Months  17. Days II less than one day  18. Maryland  19. Waryland  19. Waryland  10. Waryland  11. Maiden name  12. Maryland  13. Birthplace MARYLAND  14. Maiden name  MC KENZIE MARTHA  15. Birthplace MARYLAND  MARYL	21. I CERSIFY that death occurred on the date above stated; that I attended deceased from
Address  17. Survivation, or removal. Which?)  Cemetery or crematory  Location  18. Funeral director  Address  19. March 2 2 18 4 7 March 2 Ma	Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, fill in the tollowing:

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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### CERTIFICATE OF DEATH

		OBICIAI IOA	Reg. Dist. No.	
1. PLACE OF D	All	egany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town.  Eckhart  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:			State Maryland Couply Allegany City or town Eckhart (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)	
How long in hospital	or institution?		2.(a) It veleran, name war	
3. (a) FULL NAI		EVAN WILLIAMS	3. (b) Social Security Number 213-09-6550	
4. Sex Male	5. Color or race White	6.(a)Single, married, widowed, or divorced  Married	MEDICAL CERTIFICATION  20. DATE OF DEATH. 1947 1947	
7, Birth date ot deceased (mo., day	May Months 8 5	0a Williams  6.(c) If alive, give age 52 year  11, 1889  Days If less than one day  28 min	Immediate cause of death DURATION	
10. Usual occupation	Sil: ess Celand Jenkin Wi	k worker ese Corporation Iliams.	Oue to	
HATTER TO THE CONTROL OF T	Wales unknow	m	(Include pregnancy within 8 months of death)  Major findings of operations	
16, Informant		na Williams, t, Md.	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Cemetery or crema		ichael's urg, Md.	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	
Address	Frostb	Durst, arg, Md. Ms. Lauly & Registra	23. SIGNATURE W M. D. or other  Address Date algred 0 - 4"	

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

09686

# CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	b
City or town. Big Lane, Midland Md. (If outside city or town limits, write RURAL and give nearest town)	Siate Md County Allegan  City or town Midland (If outside city or town limits, write RURAL and give ne	~
How long in above place of death?	(If outside city or town limits, write RURAL and give ne	arest town)
Hospital, institution, or street address where death occurred:	Street No. Big Lane	
	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) if veleran, name war	
3. (a) FULL NAME	3. (b) Social Security	Number
me a out over a m f	1.	h. , h. h. K.
John Wm. Williams  4. Sex   5. Color or race   6.(a)Single, married, wildowed, or divorced	THE PART OF THE PA	- 4
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	about
male white widower	2D. DATE DF DEATHNOV. 13. 19. 4.7	
6.(b) Name of Austrand or wife Hyrday P. Hishker William	21. I CERTIFY that death occurred on the date above stated; that I attended dece	
S.(c) If allve, give age		
7. Birth date of	and that I last saw h. imall Dead Nov. 13	4.7
deceased (mo., day, yr.) Feb. 23- 1871	Immediate cause of death	DURATION
8. AGE: Years Months Days If less than one day	Coronary occlusion	at
76 8 20hrsmil	n. II	
-44		0.88 0.0
9. Birthplace Mt. L. anage, alle grany Con, M. s.		
10. Usual occupation retired Switch Tende	Due to	
11. Industry or business 13 + p. R. R. Lov	_	
12. Name Unknown	- Dther conditions	
12. Name almknown  13. Birthplace unknown		The state of the s
	(Include pregnancy within 3 months of death)	
14. Maiden name. Unknown  15. Birthplace Senkenown	Major findings of operations	
5 15. Birthplace Sun kensown		
/ - 7 .		
16. informant Uhn. R. Stevens	Autopsy results	
· · · · · · · · · · · · · · · · · · ·	PHYSICIAN: Please underline the cause to which death should be charged	statistically.
Address Midland	22. VIOLENCE: If death was due to external causes, fill in the following:	
17. Burial (Burisl, cremation, or removal. Which?)  Date Ihereof Nov. 16. 1947 (month) (day) (year)	Accident, suicide, or homicide	
(Burisl, cremation, or removal. Which?) (month) (day) (year)	Accident, Suicide, or nomicide	
Cemetery or crematory Hellerest Cemetery	Where did injury occur?	(State)
Location Lawrence and marylan	Injured at home, farm, Industry, public place (where?)	
18. Funeral director In Cachinory	Means of Injury Injured at work?	
IB. Funcial uncertainty	Deputy Medical Examiner - Alle	gany Co.
Address Joseph a coning, Ma.	23. SIGNATUREH. V. Deming M.D. H.V. Ozmi	- ma
19 Nov 15 19 47 Jamete M Goal	M. D.	of other
(Date rec'd by registrar) Registra	Address Cumberland Md. Date signed	11-13-47



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# CERTIFICATE OF DEATH

1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) Allegany County..... State Maryland County Allegany Cumberland City or town. Cumberland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 63 Yrs 11 Mo 4 Days Hospital, institution, or street address where death occurred: 630 Bedford St Allegany Hospital (If rural, give LOCATION) How long In hospital or institution?.... 3. (a) FULL NAME 3. (b) Social Security Number Mary Jo Wolfe 6.(a)Single, married, widowed, or divorced 5. Color or race MEDICAL CERTIFICATION November 9 Female White Married 6.(b) Name of husband or wife Frederick Wolfe 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7. Right date of December 5 1883 deceased (mg., day, yr.) 8. AGE: 63 11 Cumberland, Allegany Co, Maryland (Town, county, and state) House 1D. Usual occupation..... 11. Industry or business Conrad Wagner 13. Birtholace 14. Malden nar 15. Birthplace Elizabeth Wilt Holland 16. informant Mrs. Hazel Soethe PHYSICIAN: Please underline the cause to which death should be charged statistically 630 Bedford St, Cumberland, Md. 22. VIOLENCE: If death was due to external causes, fill in the following: 17. Burial
(Burial, cremation, or removal, Which?) Accident, suicide, or homicide..... (month) (day) (year) Cemetery or crematory Hill Crest Burial Park Where did injury occur? .....(City or town) Cumberland, Md. Injured at home, tarm, industry, public place (where?) ..... 18. Funeral director William H. Kight Cumberland. Md. Address 23. SIGNATURE Date signed 11-9-47

Registrar

BINDING FOR MARGIN RESERVED

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(Date rec'd by registrar)

